

Case Number:	CM14-0097219		
Date Assigned:	07/23/2014	Date of Injury:	11/15/2011
Decision Date:	09/09/2014	UR Denial Date:	05/28/2014
Priority:	Standard	Application Received:	06/25/2014

HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to an expert reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The expert reviewer is Board Certified in Anesthesiology and Pain Medicine and is licensed to practice in Florida. He/she has been in active clinical practice for more than five years and is currently working at least 24 hours a week in active practice. The expert reviewer was selected based on his/her clinical experience, education, background, and expertise in the same or similar specialties that evaluate and/or treat the medical condition and disputed items/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

The injured worker is a 40-year-old male who reported injury on 11/15/2011. The mechanism of injury was the injured worker stepped on a ramp and his foot got stuck and he fell to the left and twisted his knee. The injured worker underwent a left lateral meniscectomy and postoperative therapy. Prior treatments included muscle relaxants, physical therapy, TENS unit and acupuncture. The documentation of 07/14/2014, revealed a request for a purchase of a home H wave device. It was indicated the use of the home H wave device was beneficial to the injured worker. The injured worker reported an ability to perform more activity and greater overall function due to the use of the H wave device. The injured worker could walk further, sit longer, sleep better and stand longer. The injured worker was noted to be utilizing the home H wave 1 time per day 7 days per week at 30 to 45 minutes per sessions. The documentation indicated the H wave device relaxes him and the inflammation was noted to go down. The subjective complaints included complaints of pain and documentation indicated the injured worker exhibited impaired activities of daily living. The diagnosis was pain in joint. The treatment plan was for an H-wave unit. There was a DWC form RFA submitted for the request.

IMR ISSUES, DECISIONS AND RATIONALES

The Final Determination was based on decisions for the disputed items/services set forth below:

H-wave home device, purchase: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines TENS (transcutaneous electrical nerve stimulation).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines H-wave stimulation (HWT) Page(s): 117.

Decision rationale: The California MTUS Guidelines do not recommend H wave stimulation as an isolated intervention. However, they recommend a 1 month home based trial of H wave stimulation as a noninvasive conservative option for chronic soft tissue inflammation if it is used as an adjunct to a program of evidence based functional restoration. The clinical documentation submitted for review indicated the injured worker had utilized the H wave home device. However, there was a lack of documentation of the duration of time it was utilized, as it was indicated that a 1 month home based trial is appropriate. There was a lack of documentation indicating the injured worker would utilize the H wave device as an adjunct to a program of evidence based functional restoration. Given the above, the request for H wave home device purchase is not medically necessary.