

Case Number:	CM14-0198720		
Date Assigned:	12/09/2014	Date of Injury:	02/17/2009
Decision Date:	01/27/2015	UR Denial Date:	10/31/2014
Priority:	Standard	Application Received:	11/26/2014

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 Internal Medicine and is licensed to practice in California. 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 (IW) is a 54-year-old man with a date of injury of February 17, 2009. The mechanism of injury is not documented in the medical record. There is a sole Primary Treating Physician's Progress Report dated June 30, 2013. The documentation indicates the IW has complaints of pain and exhibits impaired activities of daily living. There is no physical examination or objective findings documented on the note. There is a request for purchase of H-wave unit. The treatment plan recommendation is to continue the current treatment plan with the H-wave homecare system. According to the UR documentation, the H-wave device was requested for 3 months and had been used for 6 months, and the IW continued to have pain. The current request is for DME: Home H-Wave device - purchase for right ankle.

IMR ISSUES, DECISIONS AND RATIONALES

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

Home H-Wave Device - Purchase for the Right Ankle: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Home H Wave Device Page(s): 117-118. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG); Pain Section, Home H Wave Device

Decision rationale: Pursuant to the MTUS Chronic Pain Medical Treatment Guidelines and the Official Disability Guidelines, Home H wave device purchase for the right ankle is not medically necessary. H wave stimulation (HWT) is not recommended as an isolated intervention for chronic pain. There is insufficient evidence to recommend the use of H wave stimulation for the treatment of chronic pain as there are no high-quality studies on the topic. The Official Disability Guidelines enumerate the Patient Selection Criteria that should be documented by the medical care provider for h-wave stimulation to be determined to be medically necessary. See guidelines for details. In this case, there is a progress note dated June 30 of 2013 that indicates the patient complains of pain. There is no physical examination or objective information on the progress note. There is a request for H wave stimulation; however, there is no clinical rationale for clinical indication noted. Utilization review indicates the injured worker is a 54-year-old and has been using the H Wave stimulation for over six months and continues to have pain. That documentation is not present in the medical record. The Patient Selection Criteria pursuant to the Official Disability Guidelines have not been met. Consequently, absent the appropriate clinical indications, clinical rationale, documentation of previous use with continued pain and Patient Selection Criteria documented by the medical care, Home H wave device purchase for the right ankle is not medically necessary.