

Case Number:	CM14-0198750		
Date Assigned:	12/09/2014	Date of Injury:	09/19/2007
Decision Date:	02/11/2015	UR Denial Date:	10/29/2014
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 Occupational 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 applicant is a represented [REDACTED] employee who has filed a claim for chronic knee, shoulder, ankle, and foot pain reportedly associated with an industrial injury of September 19, 2007. In a Utilization Review Report dated October 29, 2014, the claims administrator denied an H-Wave device purchase request. The applicant's attorney subsequently appealed. In an undated appeal letter attached to the IMR application, the device vendor claimed that the applicant's ability to stand and walk were improved as a result of the H-Wave device. The device vendor acknowledged that the applicant was not working, however. The device vendor stated that the applicant had a positive attitude, however. In an October 20, 2014 progress note, the applicant reported decreased pain with the H-Wave device. The treating provider stated that the applicant's functionality had improved as a result of the same but did not elaborate further. The applicant's work status was not outlined on this date. A variety of other documents furnished by the device vendor were noted, the bulk of which comprised of preprinted checkboxes and preprinted order forms, with little to no narrative commentary. In a November 24, 2014 progress note, the applicant reported heightened complaints of low back and ankle pain with associated gait derangement evident. The applicant had not returned to work since 2008. The applicant was using Percocet, OxyContin, and Voltaren gel, it was acknowledged. The applicant was severely obese, standing 5 feet 2.5 inches tall and weighing 192 pounds.

IMR ISSUES, DECISIONS AND RATIONALES

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

Durable Medical Equipment Home H-Wave Device Purchase Quantity:1: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines H-Wave Stimulation topic Page(s): 118.

Decision rationale: As noted on page 118 of the MTUS Chronic Pain Medical Treatment Guidelines, usage of an H-Wave device beyond an initial one-month trial should be predicated on evidence of a favorable outcome during said one-month trial, in terms of both pain relief and function. Here, however, the applicant has failed to exhibit any concrete or material evidence of functional improvement despite an earlier one-month trial of the H-Wave device. The applicant remains off of work. The applicant has not worked since 2008. The applicant remains quite inactive and was described as obese on November 24, 2014, standing 5 feet 2.5 inches and weighing 192 pounds, implying that ongoing usage of the H-Wave device has failed to ameliorate the applicant's day-to-day levels of activity. The applicant remains dependent on a variety of oral and topical medications, including Percocet, OxyContin, and Voltaren gel. All of the foregoing, taken together, suggests a lack of functional improvement as defined in MTUS 9792.20f, despite previous usage of the H-Wave device. Therefore, the request to purchase the H-Wave device was not medically necessary.