

Case Number:	CM14-0070936		
Date Assigned:	07/14/2014	Date of Injury:	07/02/2010
Decision Date:	12/15/2015	UR Denial Date:	05/12/2014
Priority:	Standard	Application Received:	05/16/2014

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. 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/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:
 State(s) of Licensure: California, Oregon, Washington
 Certification(s)/Specialty: Orthopedic Surgery

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 66 year old female, who sustained an industrial injury on 07-02-2010. A review of the medical records indicates that the injured worker (IW) is undergoing treatment for high blood pressure, chest pain, high cholesterol, neck pain, and low back pain, lumbosacral spondylosis without myelopathy, lumbar degenerative disc disease, sciatica, chronic pain syndrome, knee pain, anxiety, depression and opioid dependence. Medical records (12-02-2013 to 05-05-2014) indicate ongoing low back pain, bilateral hand pain, bilateral arm pain, neck pain and bilateral knee pain. Pain levels were not rated in severity on a visual analog scale (VAS). Records also indicate no changes in activity levels or improvement in function. The IW was reported to be basically wheelchair bound. Per the treating physician's progress report (PR), the IW has not returned to work. The PR, dated 05-05-2014, did not include any objective findings or measurements. Relevant treatments have included: bilateral knee replacements, physical therapy (PT), aquatic therapy, home H-wave use, work restrictions, and pain medications. There was no indication or rationale provided for the new H-wave unit as it was noted (03-25-2014) that the IW was using her H-wave unit daily. The request for authorization (05-05-2014) shows that the following equipment was requested: one home H-Wave unit. The original utilization review (05-12-2014) non-certified the request for one home H-Wave unit.

IMR ISSUES, DECISIONS AND RATIONALES

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

Home H-wave device QTY:1: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Transcutaneous electrotherapy.

Decision rationale: Per the CA MTUS/Chronic Pain Medical Treatment Guidelines, Transcutaneous electrotherapy page 117, H-wave is not recommended as an isolated intervention, but a one-month home-based trial of H-Wave stimulation may be considered as a noninvasive conservative option for diabetic neuropathic pain, or chronic soft tissue inflammation if used as an adjunct to a program of evidence-based functional restoration, and only following failure of initially recommended conservative care, including recommended physical therapy (i.e., exercise) and medications, plus transcutaneous electrical nerve stimulation (TENS). In this case there is lack of evidence in the cited record from 5/5/14 to satisfy the guidelines. There was no indication or rationale provided for the new H-wave unit per clinical note from 03-25-2014. There is no evidence of functional restoration program or comprehensive program to warrant H-wave for the claimant's multiple conditions. Therefore determination is for non-certification. Therefore, the requested treatment is not medically necessary.