MAXIMUS Federal Services

Case Number:	CM15-0103972		
Date Assigned:	06/08/2015	Date of Injury:	04/30/2014
Decision Date:	07/08/2015	UR Denial Date:	04/30/2015
Priority:	Standard	Application Received:	05/29/2015

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
Certification(s)/Specialty: Preventive Medicine, Occupational Medicine

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 34 year old female, who sustained an industrial injury on 04/30/2014. The injured worker was on break and walking outside when she was struck with tree limb that fell from a tree striking her head and right thigh resulting in a laceration of the forehead and deep traumatic wound of the right thigh. Per documentation the injured worked required surgery for open wound infection and ultimately required a skin graft placement. On provider visit dated 04/16/2015 the injured worker has reported intermittent pain, and pins and needle sensation of the right anterior thigh and right leg weakness. On examination of the right thigh/lower extremity revealed the injured worker ambulated without any assistive devices. There was no signs or symptoms of infection noted. Skin graft was noted to be intact and range of motion of right knee was 0-130. Residual quadriceps weakness was noted. The injured worker was noted to be working. The diagnoses have included traumatic penetrating wound, right anterior thigh with soft tissue damage involving the rectus muscle fascia, status post right anterior thigh skin graft placement and closed head trauma with laceration of the forehead. Treatment to date has included surgical intervention, medication, and physical therapy. The provider requested Purchase of Home H Wave Device for the Right Thigh.

IMR ISSUES, DECISIONS AND RATIONALES

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

Purchase of Home H Wave Device for the Right Thigh: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 117.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines 9792.20 - 9792.26 Page(s): 117-118.

Decision rationale: The MTUS does not recommended H-wave stimulators as an isolated intervention. There is no evidence that H-Wave is more effective as an initial treatment when compared to TENS for analgesic effects. A randomized controlled trial comparing analgesic effects of H-wave therapy and TENS on pain threshold found that there were no differences between the different modalities or HWT frequencies. Not recommended as an isolated intervention. There is no evidence that H-Wave is more effective as an initial treatment when compared to TENS for analgesic effects. Purchase of Home H Wave Device for the Right Thigh is not medically necessary.