

Case Number:	CM15-0140245		
Date Assigned:	07/30/2015	Date of Injury:	11/04/2005
Decision Date:	09/02/2015	UR Denial Date:	06/30/2015
Priority:	Standard	Application Received:	07/20/2015

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: Texas, California

Certification(s)/Specialty: Family Practice

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 65 year old female who sustained an industrial injury on 11-04-05. Initial complaints and diagnoses are not available. Treatments to date include medications. Diagnostic studies are not addressed. Current complaints include and diagnoses are not available. In a progress note dated 04-22-15, the treating provider reports the plan of care as an H-wave 30-day trial. The requested treatment includes the purchase of an H-wave device for home use. Per the note dated 6/10/15 the patient had complaints of pain in knee and low back. Physical examination revealed patient has decrease in need of oral medication and has increase in functional abilities following H-Wave Device use. The patient had used a H-Wave Device and TENS unit for this injury. The patient had received an unspecified number of the PT and acupuncture visits for this injury. The patient has had an MRI of the low back that revealed annular tear. Any surgical or procedure note related to this injury was not specified in the records provided. The medication list includes Motrin and Vicodin. A recent detailed physical examination was not specified in the records specified. The patient has had diagnoses of lumbar sprain, lumbar disc protrusions per MRI in 2006, right knee sprain and meniscus tear per MRI, non displaced fracture of left patella and right great toe and anxiety and depressive disorder. A recent detailed clinical examination of the gastrointestinal tract was not specified in the records provided.

IMR ISSUES, DECISIONS AND RATIONALES

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

Durable Medical Equipment (DME), H-Wave Device, for Home Use, Purchase: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page 117-118 H-wave stimulation (HWT).

Decision rationale: Per the CA MTUS Chronic Pain Medical Treatment Guidelines H-wave stimulation (HWT) 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)." Per the records provided, any indications listed above were not specified in the records provided. The records provided did not specify any evidence of neuropathic pain, CRPS I and CRPS II. Patient has received an unspecified number of PT visits for this injury The records provided did not specify a response to conservative measures such as oral pharmacotherapy or splint in conjunction with rehabilitation efforts for this diagnosis. Any evidence of diminished effectiveness of medications or intolerance to medications was not specified in the records provided. The medical necessity of Durable Medical Equipment (DME), H-Wave Device, for Home Use, Purchase is not fully established for this patient. Therefore, the request is not medically necessary.