

Case Number:	CM15-0182142		
Date Assigned:	09/30/2015	Date of Injury:	09/19/2014
Decision Date:	11/13/2015	UR Denial Date:	08/26/2015
Priority:	Standard	Application Received:	09/16/2015

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, New York, 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 applicant is a represented 53-year-old who has filed a claim for chronic ankle and foot pain reportedly associated with an industrial injury of September 19, 2014. In a Utilization Review report dated August 26, 2015, the claims administrator failed to approve request for an H-wave 30-day trial rental. The claims administrator referenced a July 26, 2015 office visit in its determination. The applicant's attorney subsequently appealed. On a highly templated appeal letter dated September 1, 2015, the device vendor and/or treating provider appealed the request for an H-wave device. The treating provider acknowledged that the applicant had never received a home-based trial of a TENS unit. On August 22, 2015, the applicants treating therapist also stated the applicant had employed conventional TENS therapy on a trial basis in the clinic setting. The note comprised, in large part, of preprinted checkboxes, without much in the way of supporting rationale commentary. On an RFA form dated August 22, 2015, a 30-day trial of an H-wave device was sought. On July 26, 2015, the applicant reported ongoing complaints of foot and ankle pain. Work restrictions were endorsed. The applicant was using Biofreeze gel for pain relief. The applicant was not using any other medications. The attending provider stated that he was endorsing the H-wave device on the grounds that the treating therapist had recommended the same. It was not clearly stated whether the applicant was or was not working with limitations in place.

IMR ISSUES, DECISIONS AND RATIONALES

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

H-Wave Unit; 30 day trial: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009.

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

Decision rationale: No, the request for a 30-day trial rental of an H-wave unit was not medically necessary, medically appropriate, or indicated here. While page 117 of the MTUS Chronic Pain Medical Treatment Guidelines does acknowledge that one-month home-based trial of an H-wave device may be considered as a non-invasive conservative option for diabetic neuropathic pain and/or chronic soft tissue inflammation if used as an adjunct to a program of evidence-based functional restoration, following failure of initially recommended conservative care, including physical therapy, home exercises, medications, and a conventional TENS unit, here, however, it was not clearly established or clearly stated that H-wave device was in fact intended for use in conjunction with a program of functional restoration. The attending provider's July 29, 2015 progress note did not outline the applicant's work or functional status. It was not clearly stated or clearly established that the H-wave device was in fact intended to facilitate functional restoration here. The attending provider's July 29, 2015 progress note, moreover, made no mention of the applicant's having failed first-line oral pharmaceuticals. The only medication the applicant was using on that date was a topical Biofreeze gel. It was likewise not clearly established that home exercises had proven ineffectual. Finally, the device vendor, attending provider, and treating therapist all acknowledged the applicant had not been given an adequate trial of conventional TENS therapy on letters and/or RFA forms of September 1, 2015 and August 26, 2015. Therefore, the request was not medically necessary.