

Case Number:	CM15-0206326		
Date Assigned:	10/23/2015	Date of Injury:	04/15/2015
Decision Date:	12/04/2015	UR Denial Date:	09/28/2015
Priority:	Standard	Application Received:	10/20/2015

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: California

Certification(s)/Specialty: Physical Medicine & Rehabilitation

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 4-15-15. The injured worker was diagnosed as having knee osteoarthritis, bilateral knee contusion, right wrist strain, and wrist joint pain. Treatment to date has included use of a cane. Physical examination findings on 5-5-15 included left knee abnormal contour and edema. Right knee tenderness to palpation and left wrist tenderness to palpation was noted. On 5-5-15, the injured worker complained of pain in bilateral wrists rated as 4 of 10 and bilateral knees rated as 7 of 10. On 9-18-15, the treating physician requested authorization for a home H-wave device for purchase-indefinite use. On 9-28-15 the request was non-certified by utilization review.

IMR ISSUES, DECISIONS AND RATIONALES

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

Home H-wave device; purchase/indefinite use: 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: Review indicates the patient reporting increase function from H-wave trial walking farther, performing more housework, and sleeping better; however, follow-up reports noted continued pain and symptom complaints with continued impaired ADLs. There is no objective findings presented in terms of change in work status or specific decreased dosing/ quantity or frequency of medications. There is no documented failed trial of TENS use. Per guidelines, 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) which have not been demonstrated. There is no clinical exam documented with neurological deficits nor are there specifics of what subjective complaints, limitations in ADL, or failed attempts with previous conservative treatments to support for the H-wave unit, not recommended as a first-line approach. Submitted reports have not demonstrated having met these criteria nor is the patient participating in any therapy as part of the functional restoration program. The Home H-wave device; purchase/indefinite use is not medically necessary and appropriate.