

Case Number:	CM15-0021222		
Date Assigned:	02/10/2015	Date of Injury:	11/05/2007
Decision Date:	03/25/2015	UR Denial Date:	01/06/2015
Priority:	Standard	Application Received:	02/04/2015

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 77 year old female who sustained an industrial fall injury on November 5, 2007. The injured worker was diagnosed with lumbar/lumbosacral degenerative disc disease, cervical degenerative disc disease, sprain of neck, lumbar region and knees. The injured worker underwent left knee surgery (no date or procedure documented). According to the primary treating physician's progress report on December 15, 2014 the injured worker has pain. There was no clarification of the body part or degree of pain. On December 10, 2014 a compliance report documented that the injured worker has used the H Wave device for over one and a half years with 50% improvement. Treatment modalities with concurrent use of an H-wave device were noted as physical therapy, transcutaneous electrical nerve stimulation (TEN's) unit and medication. Current medications were not documented. The treating physician requested authorization for an H-wave home device. On January 6, 2015 the Utilization Review denied certification for the H-wave home device. Citations used in the decision process were the Medical Treatment Utilization Schedule (MTUS), Chronic Pain Guidelines.

IMR ISSUES, DECISIONS AND RATIONALES

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

H-wave home device: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Transcutaneous Electrotherapy, H-Wave Stimulation, pages 115-118; H-Wave: Not recommended as an.

Decision rationale: Submitted reports have not provided specific medication name or what decreasing dose has been made as a result of the H-wave unit trial. There is no change in work status or functional improvement demonstrated to support for the purchase of this unit. The MTUS guidelines recommend a one-month HWT rental trial to be appropriate to permit the physician and provider licensed to provide physical therapy to study the effects and benefits, and it should be documented (as an adjunct to ongoing treatment modalities within a functional restoration approach) as to how often the unit was used, as well as outcomes in terms of pain relief and function. The patient has been using the H-wave for over a year without any documented consistent pain relief in terms of decreasing medication dosing and clear specific objective functional improvement in ADLs have not been demonstrated. Per reports from the provider, the patient still exhibited persistent subjective pain complaints and impaired ADLs for this chronic injury. There is no documented failed trial of TENS unit, PT treatment, nor any indication the patient is participating in a home exercise program for adjunctive exercise towards a functional restoration approach. The patient's functional status has remained unchanged. The H-wave home device is not medically necessary and appropriate.