

Case Number:	CM15-0049724		
Date Assigned:	03/23/2015	Date of Injury:	07/07/2003
Decision Date:	05/01/2015	UR Denial Date:	03/10/2015
Priority:	Standard	Application Received:	03/16/2015

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: Massachusetts

Certification(s)/Specialty: Physical Medicine & Rehabilitation, Pain Management

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 57 year old male, who sustained an industrial injury on July 7, 2003. He reported injury to the left ankle, right hip, and left hip. The injured worker was diagnosed as having lumbago, and pelvic region osteoarthritis. Treatment to date has included medications and a left total hip replacement for avascular necrosis. On February 10, 2015, he is seen for complaints of pain. The treatment plan included the request for an H-wave unit. The request is for electrodes, and conductive gel.

IMR ISSUES, DECISIONS AND RATIONALES

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

1 electrodes, #3 packs: 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 H-wave stimulation (HWT), p117 Page(s): 117.

Decision rationale: The claimant is nearly 2 years status post work-related injury and continues to be treated for low back pain and pain due to osteoarthritis of the hips. H-wave stimulation is not recommended as an isolated intervention. Guidelines recommend that a one-month home-based trial may be considered as a noninvasive conservative option. In this case, there is no documentation that the claimant has undergone a home-based trial of H-wave stimulation and therefore the requested electrodes are not medically necessary.

1 conductive gel, 1 bottle: 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 H-wave stimulation (HWT) Page(s): 117.

Decision rationale: The claimant is nearly 2 years status post work-related injury and continues to be treated for low back pain and pain due to osteoarthritis of the hips. H-wave stimulation is not recommended as an isolated intervention. Guidelines recommend that a one-month home-based trial may be considered as a noninvasive conservative option. In this case, there is no documentation that the claimant has undergone a home-based trial of H-wave stimulation and therefore the requested conductive gel is not medically necessary.