

Case Number:	CM15-0054933		
Date Assigned:	03/30/2015	Date of Injury:	08/14/2014
Decision Date:	05/06/2015	UR Denial Date:	03/12/2015
Priority:	Standard	Application Received:	03/23/2015

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, Hawaii
 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 33 year old male, who sustained an industrial injury on August 14, 2014. He has reported left hip pain and leg pain. Diagnoses have included hip fracture, bilateral knee contusions, and lumbar spine degenerative disc disease. Treatment to date has included medications, therapy, home exercise, H wave unit, use of a cane, and imaging studies. A progress note dated March 3, 2015 indicates a chief complaint of improvement with H wave therapy. The treating physician documented a plan of care that included continuation of therapy and home exercise.

IMR ISSUES, DECISIONS AND RATIONALES

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

DME: Home H-wave Device purchase: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines H-wave Stimulation.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines H-Wave
 Page(s): 117-118.

Decision rationale: The patient has ongoing low back and left leg pain. The current request is for DME: Home H-Wave Device purchase. There is a Primary Treating Physician's Progress Report dated 3/3/15 that is recommending the Purchase of an H-Wave device. The treating physician reports that a trial of H-Wave was given and continued use is indicated because of positive benefit. The report submitted indicates the H-Wave has been very helpful. It specifically notes that it helps him sleep and cut down on his medication. The MTUS guidelines recommend a trial of H-Wave for the treatment of chronic soft tissue inflammation. MTUS goes on to state, "Trial periods of more than one month should be justified by documentation submitted for review." In this case the attending physician has submitted documentation of decreased medication usage and improved ability to sleep as a result of H-Wave usage. There is justification to continue the usage of H-Wave. Recommendation is for authorization. The request is medically necessary.