

Case Number:	CM14-0104145		
Date Assigned:	09/16/2014	Date of Injury:	03/05/2005
Decision Date:	10/15/2014	UR Denial Date:	06/23/2014
Priority:	Standard	Application Received:	07/07/2014

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. The expert reviewer is Board Certified in Physical Medicine and Rehabilitation, and is licensed to practice in Texas. 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/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

Medical records reflect the claimant is a 71 year male who sustained a work injury on 3-5-05. Office visit on 6-2-14 notes the claimant has pain rated as 4/10 with medications. He has been using a TENS unit, which helps. On exam, the claimant has range of motion flexion 90 degrees and 20 degrees extension with pain. Abnormal gait without foot drop.

IMR ISSUES, DECISIONS AND RATIONALES

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

SME-Home H-Wave Device Purchase: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

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

Decision rationale: Chronic Pain Medical Treatment Guidelines reflect that H wave therapy 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 (Julka, 1998) (Kumar, 1997) (Kumar, 1998), 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). There is an absence in documentation noting that this claimant is performing physical therapy or exercises. Additionally purchase is not supported without a one month successful trial. Therefore, the medical necessity of this request is not established.