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| Case Number: | CM14-0016922 | | |
| Date Assigned: | 04/11/2014 | Date of Injury: | 02/17/2009 |
| Decision Date: | 05/27/2014 | UR Denial Date: | 01/22/2014 |
| Priority: | Standard | Application Received: | 02/10/2014 |

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 California. 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:

This is a 40 year old male who suffered a work-related injury to multiple body areas, including low back and bilateral hips on 02/17/2009. The treatment history includes physical therapy, acupuncture, chiropractic treatment, medications, and TENS unit. The patient underwent bilateral hip arthroscopic repair of labral tear. A progress report dated 01/13/2014 indicates the patient presented with complaints of pain in the cervical spine, lumbar spine, bilateral hip, bilateral knee, bilateral wrist, and bilateral feet. Objective findings of tenderness and spasm to the thoracic and lumbar paraspinous column, positive facet, range of motion is at 60% due to pain and stiffness, tenderness to the right SI joint, and positive SLR. He is reported to be neurovascularly intact in both lower extremities, with DTRs graded as +2, and motor strength of 5/5. Further examination findings for the hips is described as no tenderness to the trochanteric bursa, positive hip grind to the right with limited ROM to the right hip, especially with external rotation. He is status post hip arthroscopy x2 in February 2011 and May 2012. Recommendations include request for H-wave unit 30 day trial for home treatment as patient continues to complain of pain and is experiencing chronic soft tissue inflammation and has already trialed other forms of conservative treatment including physical therapy, medication, and TENS. It is further reported that the goal of the H-wave trial is to decrease the need for oral pain medication and improve the patient's ability to participate in increase ADLs and experience improved function. Further evaluation regarding improvement experienced by the patient will be objectified in 30 days.

IMR ISSUES, DECISIONS AND RATIONALES

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

HOME H WAVE DEVICE, ONE MONTH RENTAL FOR THE LOW BACK AND HIP:
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): 117-118.

Decision rationale: As per California MTUS guidelines, H-wave unit, 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). In this case, the patient has chronic pain and there is documentation that a trial of TENS unit was attempted. However, the medical records do not establish that the time frame from which TENS therapy was used, nor does it specify the treatment outcome. There is no documentation indicating that patient is actively participating in a functional restorative program since the guidelines do not recommend H-wave unit as an isolated intervention. As such, the request for home H-wave device 1-month rental for the low back and hip has not met the guidelines criteria, and hence it is not medically necessary.