

Case Number:	CM14-0181652		
Date Assigned:	11/06/2014	Date of Injury:	08/28/2012
Decision Date:	12/09/2014	UR Denial Date:	10/13/2014
Priority:	Standard	Application Received:	10/31/2014

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 American Board of Family Practice 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 37-year-old male claimant who sustained a work injury on August 25, 2012 the lower extremity and low back. He had chronic pain in the lower extremity and plica syndrome. He was additionally diagnosed with lumbosacral strain with foraminal stenosis. The Progress note on August 20, 2014 indicated the claimant had low back and left knee pain with an antalgic gait. The right knee showed moderate amount of popping throughout the arc of motion. The left knee had tenderness over the medial joint line. The lumbar spine had a decreased range of motion due to pain. The physician recommended an exercise program, acupuncture therapy and physical therapy. A progress note in September 2014 indicated the claimant had persistent pain, swelling and muscle spasms. The treating physician requested a 30 day trial of an H- wave unit to improve function.

IMR ISSUES, DECISIONS AND RATIONALES

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

Purchase of home H-wave unit: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM, Chronic Pain Treatment Guidelines.

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

Decision rationale: According to the MTUS guidelines, an 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 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 there is no evidence of a functional restoration program or TENS unit usage. There's also a lack of clinical evidence to support its use over a TENS unit. The one month rental is recommended. There was no documentation of benefits obtained for me one-month use. The purchase of an H-wave unit is not medically necessary.