

Case Number:	CM14-0098865		
Date Assigned:	07/28/2014	Date of Injury:	10/29/2010
Decision Date:	10/14/2014	UR Denial Date:	06/18/2014
Priority:	Standard	Application Received:	06/27/2014

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 Nevada. 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:

The records presented for review indicate that this 55-year-old female was reportedly injured on October 29, 2010. The mechanism of injury is stated to be a fall. The most recent progress note, dated June 9, 2014, indicates that there are ongoing complaints of right greater than left hip pain and left knee pain. The physical examination demonstrated of the bilateral hips indicated full range of motion and tenderness over the sacroiliac joints. There was no effusion or crepitus. Left knee range of motion was from 0 to 130 and there was tenderness over the lateral aspect and the patella. Diagnostic imaging studies of the hips revealed well-placed bilateral total hip arthroplasty and well healed fractures. Previous treatment includes a revision of a right total hip arthroplasty as well as an initial left hip total arthroplasty. Treatment also includes physical therapy, trochanter injections, sacroiliac joint injections, Aqua therapy, and the use of an H-wave device. A request had been made for an H-wave unit for home use and was not certified in the pre-authorization process on June 18, 2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

H-Wave Unit for permanent home use: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines H-wave stimulation (HWT) Page(s): 117-118.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 117-118 of 127.

Decision rationale: According to the attached medical record the injured employee was receiving several therapies at the same time including an H-wave device, physical therapy, aquatic therapy, and SI joint injections. A prior note does not state that there was improvement specifically related to the use of an H-wave unit but does indicate improvement with the other therapies. As such, this request for an H-wave unit for permanent home use is not medically necessary.