

Case Number:	CM14-0187384		
Date Assigned:	11/17/2014	Date of Injury:	10/14/2009
Decision Date:	01/06/2015	UR Denial Date:	10/20/2014
Priority:	Standard	Application Received:	11/10/2014

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 Emergency Medicine 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:

The injured worker is a 65 year-old male, who sustained an injury on October 14, 2009. The mechanism of injury is not noted. Pertinent diagnostics have not been noted. Treatments have included: physical therapy, medications, Synvisc injections, L4-5 discectomy and subsequent hardware removal. The current diagnoses are: right knee degenerative joint disease, L4-5 recurrent disc herniation, chronic regional pain syndrome bilateral lower extremities, bilateral lumbar radiculopathy, bilateral foot drop. The stated purpose of the request for H wave unit for six month rental was not noted. The request for H wave unit for six month rental was denied on October 22, 2014, citing a lack of documentation of failed conservative treatment trials. Per the report dated October 16, 2014, the treating physician noted complaints of lower back pain, bilateral foot drop, right knee pain. Exam findings included right knee lateral collateral ligament tenderness, patella crepitation.

IMR ISSUES, DECISIONS AND RATIONALES

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

H wave unit for six month rental: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines H-Wave Stimulation (HWT).

Decision rationale: The requested H wave unit for six month rental is not medically necessary. CA MTUS Chronic Pain Treatment Guidelines noted that H-wave 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)." The injured worker has lower back pain, bilateral foot drop, and right knee pain. The treating physician has documented right knee lateral collateral ligament tenderness, patella crepitation. The treating physician has not documented detailed information regarding TENS trials or their results. The criteria noted above not having been met, H wave unit for six month rental is not medically necessary.