

Case Number:	CM15-0010989		
Date Assigned:	01/28/2015	Date of Injury:	03/01/2010
Decision Date:	03/18/2015	UR Denial Date:	12/31/2014
Priority:	Standard	Application Received:	01/20/2015

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. 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/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:

State(s) of Licensure: California

Certification(s)/Specialty: Preventive Medicine, Occupational Medicine

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 42 year old male, who sustained an industrial injury on 03/10/2010. He has reported left knee pain and right shoulder pain. The diagnoses have included right shoulder sprain/strain, rotator cuff tear, and full thickness tear of supraspinatus tendon; left knee sprain/strain, internal derangement; right knee sprain; strain, severe degenerative changes and a full thickness tear of the ACL. Treatment to date has included medications and TENS unit. A progress note from the treating orthopedist, dated 12/09/2014, documented a follow-up visit with the injured worker. The injured worker reported findings after use of home H-Wave device during evaluation period; H-Wave has allowed decrease in the need for oral medications; ability to perform more activity with greater overall function; and lowered pain. Objective findings included the completion of the evaluation period for the home H-Wave, 10/17/2014 to 12/02/2014, used once a day, 7 days a week, at 30-45 minutes per session; and the H-Wave has shown benefit to the injured worker to improve function and reduce medication usage. The treatment plan has included request to purchase Home H-Wave Device; and follow-up evaluation. On 12/31/2014 Utilization Review noncertified a prescription of Home H-Wave Device. The CA MTUS was cited. On 01/20/2015, the injured worker submitted an application for IMR for review of Home H-Wave Device.

IMR ISSUES, DECISIONS AND RATIONALES

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

Home H-Wave Device: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines H-wave stimulation.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Transcutaneous electrotherapy Page(s): 117-119.

Decision rationale: Due to the uncertain benefits from an H-wave unit, the MTUS Guidelines have very specific criteria to justify long term use. The Vendor supplied materials stating that a trial produced improved pain and improved function as evidenced by diminished medications. However, this is not borne out in the physicians narratives. A Med Legal exam a few months prior to the H-wave trial, stated that medications were not used on a regular basis. Post the H-wave trial the recommendations for use of anti-inflammatories and Tramadol continued. Also, there has been a request for surgical intervention soon after the request for an extension of H-wave use. Under these circumstances the Home H-Wave Devices is not supported by Guidelines and is not medically necessary.