

Case Number:	CM15-0015507		
Date Assigned:	02/03/2015	Date of Injury:	07/01/2003
Decision Date:	03/27/2015	UR Denial Date:	01/21/2015
Priority:	Standard	Application Received:	01/27/2015

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, Hawaii
 Certification(s)/Specialty: Physical Medicine & Rehabilitation

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 57 year old female, who sustained an industrial injury on July 1, 2003. She has reported knee pain with stiffness and a decreased range of motion. The diagnoses have included lumbago, spine-lumbosacral spondylosis without myelopathy, internal derangement of the knee and obesity. Treatment to date has included radiographic imaging, diagnostic studies, pain medications, physical therapy and TENS unit. Currently, the IW complains of right knee pain with decreased range of motion. The injured worker reported an industrial injury in 2003, resulting in chronic right knee pain. She has a history of left knee replacement. He was noted to have failed some conservative therapies and noted an improvement with a trial H-wave device. On October 16, 2014, evaluation revealed continued right knee pain. During this evaluation, it was reported there was a reduction in swelling with the use of an H-wave device. On January 21, 2015, Utilization Review non-certified a request to purchase of an H-Wave device, noting the MTUS, ACOEM Guidelines, (or ODG) was cited. On January 27, 2015, the injured worker submitted an application for IMR for review of requested purchase of an H-Wave device.

IMR ISSUES, DECISIONS AND RATIONALES

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

(DME) purchase of H-wave device: Overturned

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

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

Decision rationale: The patient presents with pain affecting the lower back. The current request is for (DME) Purchase of H Wave Device. The treating physician states in regards to the patients 1 month trial of a H Wave device, In a survey taken by H-Wave the patient has made the following comments: Patient has reported the ability to perform more activity and greater overall function due to the H-Wave device. Patient has given these examples of increased function due to H-Wave: ?Walk farther. I feel more relaxed. The patient is utilizing the home H-Wave 1 time per day, 3 days per week, 30/45 minutes per session. (7C) The MTUS guidelines recommend first a trial of H-Wave. MTUS goes on to state, Trial periods of more than one month should be justified by documentation submitted for review. In this case, the treating physician has submitted that the patient has had reduced pain with the H-Wave device and is able to perform more activities. The current request is medically necessary and the recommendation is for authorization.