

MAXIMUS FEDERAL SERVICES, INC.

Independent Medical Review
P.O. Box 138009
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(855) 865-8873 Fax: (916) 605-4270



Notice of Independent Medical Review Determination

[REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]

- 1) MAXIMUS Federal Services, Inc. has determined the requested DME: Home H-WAVE Device E1399 **is not medically necessary and appropriate.**

INDEPENDENT MEDICAL REVIEW DECISION AND RATIONALE

An application for Independent Medical Review was filed on 6/13/2013 disputing the Utilization Review Denial dated 5/10/2013. A Notice of Assignment and Request for Information was provided to the above parties on 6/14/2013. A decision has been made for each of the treatment and/or services that were in dispute:

- 1) MAXIMUS Federal Services, Inc. has determined the requested DME: Home H-WAVE Device E1399 **is not medically necessary and appropriate.**

Medical Qualifications of the Expert Reviewer:

The independent Medical Doctor who made the decision has no affiliation with the employer, employee, providers or the claims administrator. The physician reviewer is Board Certified in Occupational 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 treatments and/or services at issue.

Case Summary:

Disclaimer: The following case summary was taken directly from the utilization review denial/modification dated May 10, 2013

“According to the records made available for review, this is a 44-year-old female patient, s/p injury 1/31/13. The painter most recently (4/29/13) presented with ankle pain and difficulty standing for prolonged periods. Physical examination revealed tenderness on palpation of ankle joint especially in the area around the medial malleolus along with decreased ROM. MRI (3/7/13) report revealed an area of bone contusion in the medial malleolus, edema of the soft tissue in the sinus tarsi, and sprain of the talotibial and calcaneo-tibial ligaments. Current diagnoses include left ankle grade 1 ankle sprain and bone contusion of the medial malleolus. Treatment to date includes PT, medications, and TENS device. Treatment requested is H-WAVE UNIT.”

Documents Reviewed for Determination:

The following relevant documents received from the interested parties and the documents provided with the application were reviewed and considered. These documents included:

- Application for Independent Medical Review (received 6/13/13/)
- Utilization Review Determination Letter (dated 5/13/13)
- Utilization Review Determination Physician Report (dated 5/10/13)
- Requested Medical Records were not timely submitted for review from the Claims Administration
- Medical Records and Supporting Documentation Provided by the Employee:
 - H-Wave Patient Compliance and Outcome Report (dated 5/20/13)
 - CA MTUS and home H-Wave Guidelines
 - Primary Treating Physician's Progress Report Addendum by Dr [REDACTED] (dated 5/1/13)

- Home Electrotherapy Recommendation from [REDACTED] (dated 4/9/13)
- Library Listing of H-Wave Studies
- Pub-Med Research Article Abstracts (total of 6)
- Chronic Pain Medical Treatment Guidelines (2009), H-wave stimulation (HWT) Section, pg 104-108

1) Regarding the request for DME: Home H-WAVE Device E1399:

Medical Treatment Guideline(s) Relied Upon by the Expert Reviewer to Make His/Her Decision:

The Claims Administrator based its decision on the Chronic Pain Medical Treatment Guidelines (2009), H-wave stimulation (HWT) Section, which is part of the Medical Treatment Utilization Schedule (MTUS). The provider did not dispute the guidelines used by the Claims Administrator. The Expert Reviewer found the guidelines used by the Claims Administrator relevant and appropriate for the employee's clinical circumstance.

Rationale for the Decision:

The employee suffered an industrial injury on 1/31/13 resulting in chronic ankle and foot pain. An MRI on 3/7/13 revealed an area of bone contusion in the medial malleolus, edema of the soft tissue in the sinus tarsi, and sprain of the talotibial and calcaneo-tibial ligaments. Diagnosis was traumatic compartment syndrome of the lower extremity. A home H-wave stimulation device was requested to reduce swelling and improve sleep.

As suggested by the MTUS Chronic Pain Medical Treatment Guidelines, H-wave home care systems are not recommended except as a fourth-line treatment, following failure of first-line analgesic medications, second-line physical therapy, AND third-line TENS unit. There is no clear evidence that each and all of the aforementioned treatments have been tried and/or failed. There is no clear evidence of functional improvement following introduction of the H-wave device. There is no evidence that the applicant experienced a reduction in work restrictions, improved performance of activities of daily living, and/or reduction in usage of analgesic medications following introduction of the H-wave device. Therefore, the request for DME: Home H-WAVE Device E1399 **is not medically necessary and appropriate.**

Effect of the Decision:

The determination of MAXIMUS Federal Services and its physician reviewer is deemed to be the final determination of the Administrative Director, Division of Workers' Compensation. With respect to the medical necessity of the treatment in dispute, this determination is binding on all parties.

In accordance with California Labor Code Section 4610.6(h), a determination of the administrative director may be reviewed only if a verified appeal is filed with the appeals board for hearing and served on all interested parties within 30 days of the date of mailing of the determination to the employee or the employer. The determination of the administrative director shall be presumed to be correct and shall be set aside only upon proof by clear and convincing evidence of one or more of the grounds for appeal listed in Labor Code Section 4610.6(h)(1) through (5).

Sincerely;

Richard C. Weiss, MD, MPH, MMM, PMP
Medical Director

cc: Department of Industrial Relations
Division of Workers' Compensation
1515 Clay Street, 18th Floor
Oakland, CA 94612

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Disclaimer: MAXIMUS is providing an independent review service under contract with the California Department of Industrial Relations. MAXIMUS is not engaged in the practice of law or medicine. Decisions about the use or nonuse of health care services and treatments are the sole responsibility of the patient and the patient's physician. MAXIMUS is not liable for any consequences arising from these decisions.