

MAXIMUS FEDERAL SERVICES, INC.

Independent Medical Review

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Independent Medical Review Final Determination Letter

[REDACTED]
[REDACTED]
[REDACTED]

Dated: 12/18/2013

Employee: [REDACTED]
Claim Number: [REDACTED]
Date of UR Decision: 8/12/2013
Date of Injury: 8/13/2011
IMR Application Received: 8/22/2013
MAXIMUS Case Number: CM13-0014814

DEAR [REDACTED]

MAXIMUS Federal Services has completed the Independent Medical Review (“IMR”) of the above workers’ compensation case. This letter provides you with the IMR Final Determination and explains how the determination was made.

Final Determination: UPHOLD. This means we decided that none of the disputed items/services are medically necessary and appropriate. A detailed explanation of the decision for each of the disputed items/services is provided later in this letter.

The determination of MAXIMUS Federal Services and its physician reviewer is deemed to be the Final Determination of the Administrative Director of the Division of Workers’ Compensation. This determination is binding on all parties.

In certain limited circumstances, you can appeal the Final Determination. Appeals must be filed with the Workers’ Compensation Appeals Board within 30 days from the date of this letter. For more information on appealing the final determination, please see California Labor Code Section 4610.6(h).

Sincerely,

Paul Manchester, MD, MPH
Medical Director

cc: Department of Industrial Relations, [REDACTED]

HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to a physician reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The physician reviewer is Board Certified in Orthopedic Surgery, 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 physician 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.

DOCUMENTS REVIEWED

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

- Application of Independent Medical Review
- Utilization Review Determination
- Medical Records from Claims Administrator, employee/employee representative
- Medical Treatment Utilization Schedule (MTUS)

CLINICAL CASE SUMMARY

The physician reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

The patient is a 58-year-old male, who reported an injury to his bilateral knees on 08/13/2011. The patient is a firefighter who stated his knees have had ongoing pain and decreased range of motion, with no traumatic event as the cause. He stated that in 1977, he had radical left knee medial meniscectomy. Since then, he has had a clean out on the left knee and two clean outs on the right knee for degenerative changes. He has utilized oral medications and has had a series of Viscosupplementation as well. There is also a notation that the patient utilized a TENS unit, but he stated it did not help. There is a request for the use of an H-Wave device for a one month rental for in-home use.

IMR DECISION(S) AND RATIONALE(S)

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

1. One (1) month rental of a home H-Wave device is not medically necessary and appropriate.

The Claims Administrator based its decision on the California Medical Treatment Utilization Schedule (MTUS). The Claims Administrator also cited the Official Disability Guidelines (ODG), Knee and Leg chapter, which is not part of the MTUS.

The Physician Reviewer based his/her decision on the Chronic Pain Medical Treatment Guidelines, H-Wave Stimulation, pages 117-118, which is part of the MTUS.

The Physician Reviewer's decision rationale:

The Chronic Pain Guidelines indicate that “there is no evidence that H-Wave is more effective as an initial treatment when compared to TENS for analgesic effects.” A randomized controlled trial comparing analgesic effects of H-wave therapy and TENS on pain threshold found that there were no differences between the different modalities or HWT frequencies. The guidelines also indicate that if an H-wave is used for a one-month trial, it should be documented (as an adjunct to ongoing treatment modalities within a functional restoration approach). This will show how often the unit was used, as well as the outcomes of treatment in terms of pain relief and function. The medical records provided for review do not indicate that the use of the H-wave will be an adjunct to additional treatment. **The request for one (1) month rental of a home H-Wave device is not medically necessary and appropriate.**

/sh

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.

[REDACTED]