

MAXIMUS FEDERAL SERVICES, INC.

Independent Medical Review

P.O. Box 138009

Sacramento, CA 95813-8009

(855) 865-8873 Fax: (916) 605-4270



Notice of Independent Medical Review Determination

Dated: 12/2/2013

[REDACTED]

[REDACTED]

Employee:	[REDACTED]
Claim Number:	[REDACTED]
Date of UR Decision:	7/30/2013
Date of Injury:	3/15/2012
IMR Application Received:	08/06/203
MAXIMUS Case Number:	CM13-0007442

- 1) MAXIMUS Federal Services, Inc. has determined the request for **H-Wave rental (month) is not medically necessary and appropriate.**

INDEPENDENT MEDICAL REVIEW DECISION AND RATIONALE

An application for Independent Medical Review was filed on 8/6/2013 disputing the Utilization Review Denial dated 0/30/2013. A Notice of Assignment and Request for Information was provided to the above parties on 9/11/2013. 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 request for **H-Wave rental (month) 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 Preventive Medicine and 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.

Expert Reviewer Case Summary:

All medical, insurance, and administrative records provided were reviewed.

The applicant, Mr. [REDACTED], is a represented State of California Department of Corrections employee who has filed a claim for chronic bilateral foot and left knee pain reportedly associated with cumulative trauma at work first claimed on March 15, 2012.

Thus far, he has been treated with the following: Analgesic medications; transfer of care to and from various providers in various specialties; an apparent diagnosis of plantar fasciitis; reported return to modified duty work; prior medial meniscectomy on October 24, 2012; foot corticosteroid injections; unspecified amounts of physical therapy; orthotics; and work restrictions.

In a utilization review report of July 30, 2013, an H-wave home care system was non-certified.

The applicant's attorney appealed on August 4, 2013.

A prior note of July 9, 2013, is notable for comments that the applicant carries a diagnosis of plantar fasciitis. On July 18, 2013, the attending provider requested an H-wave home care system. It does not appear that a clinical progress note was attached to the said request, although it appears that the attending provider did fill out a vendor form for the H-wave home care system stating that a TENS unit is not indicated to treat the applicant's condition of plantar fasciitis.

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 of Independent Medical Review
- Utilization Review Determination
- Medical Records from Claims Administrator
- Medical Treatment Utilization Schedule (MTUS)

1) Regarding the request for H-Wave rental (month):Section of the Medical Treatment Utilization Schedule Relied Upon by the Expert Reviewer to Make His/Her Decision

The Claims Administrator based its decision on the CA MTUS 2009: Chronic Pain Treatment Guidelines, Page 114-121, H-wave stimulation.

The Expert Reviewer based his/her decision on the Chronic Pain Medical Treatment Guidelines (2009), page 117, which is part of the MTUS.

Rationale for the Decision:

As noted on page 117 of the MTUS Chronic Pain Medical Treatment Guidelines, H-wave home care systems are, at best, tepidly endorsed in the treatment of chronic diabetic neuropathic pain and/or soft tissue inflammation that has proven recalcitrant to first-line analgesic medications, second-line physical therapy, and a third-line Transcutaneous Electrical Nerve Stimulation (TENS) unit. In this case, there is no clear evidence that the employee has tried and/or failed a conventional TENS unit. No narrative progress notes were attached to the request for authorization or application for IMR. While it does appear that the employee may, indeed, have failed physical therapy, analgesic medications, and surgery, there is no evidence of a prior unsuccessful trial of TENS unit. **The request for H-Wave rental (month) 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,

Paul Manchester, MD, MPH
Medical Director

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

/cmol

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.