

Case Number:	CM13-0001348		
Date Assigned:	12/27/2013	Date of Injury:	05/02/2011
Decision Date:	03/05/2014	UR Denial Date:	07/01/2013
Priority:	Standard	Application Received:	07/12/2013

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

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 applicant is a represented [REDACTED] employee who has filed a claim for chronic knee pain reportedly associated with an industrial injury of May 2, 2011. Thus far, the applicant has been treated with the following: Analgesic medications; attorney representation, transfer of care to and from various providers in various specialties; prior knee arthroscopies; electrodiagnostic testing of August 7, 2012, notable for a left L5 radiculopathy; and extensive periods of time off of work, on total temporary disability. In a Utilization Review Report of July 1, 2013, the utilization reviewer noted that the applicant had had a prior one month rental of the device but that the applicant's response to the same was not detailed. In an applicant questionnaire of June 25, 2013, the applicant and/or vendor state that usage of H-wave device has resulted in "40%" improvement. No associated clinical progress notes are attached, however. An April 9, 2013 progress note is notable for comments that the applicant is using Paxil, Norflex, Prilosec, and Neurontin. The applicant is given work restrictions which have resulted in removal from workplace. She is still having 7-8/10 pain. She is depressed, frustrated, and angry. A later note of June 11, 2013 is again notable for comments that the applicant should employ Naprosyn and Neurontin for pain relief in conjunction with Paxil for depression. A three-month rental of the H-wave device is sought.

IMR ISSUES, DECISIONS AND RATIONALES

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

H-Wave Rental x3 months for the left knee: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 117.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines H-wave stimulation (HWT).

Decision rationale: As noted on page 118 of the MTUS Chronic Pain Guidelines, rental or trial periods of the H-wave device for greater than one month should be justified by documentation submitted for review. In this case, however, the documentation on file does not clearly establish the presence of functional improvement despite a prior one-month trial of said TENS unit. The applicant does not appear to have returned to regular duty work. Work restrictions have been imposed. The applicant remains highly reliant on analgesic medications, adjuvant medications, and other forms of medical treatment. Continued usage of the H-wave device beyond one month trial is not indicated without more evidence of functional improvement according to the MTUS Chronic Pain Guidelines. Therefore, the request is not medically necessary and appropriate.