MAXIMUS Federal Services

Case Number:	CM13-0001426		
Date Assigned:	12/18/2013	Date of Injury:	12/16/2009
Decision Date:	02/26/2014	UR Denial Date:	07/01/2013
Priority:	Standard	Application Received:	07/15/2013

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 Physical Medicine and Rehabilitation and is licensed to practice in Maryland.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 claimant has a date of injury of 12/16/09. The patient has continuous trauma injuries to the right knee, right hand, neck, mid-back and low back. The question presented in this review is whether an H wave trial is medically necessary. Treatment history: 10/31/12, sip anterior cruciate ligament reconstruction with partial medical and/or lateral menisectomy and chondroplasty due to instability of the knee with A 7/6/13 patient survey on H wave use indicates he has not tried the TENS unit and that the H wave is being used for knee pain. The current exam shows antalgic gait. Right knee has ongoing atrophy in the quads. There is joint line tenderness. There is + McMurray. There is limited flexion. The patient is wearing a brace and has 10 deg of extension and flexion of 95. A 6/10/13 office note indicates that the patient complains of increased low back pain due to the right knee pain. Physical examination reveals ongoing antalgic gait. The right knee has ongoing atrophy in the quadriceps. There is joint line tenderness. There is positive McMurray's sign. There is limited flexion. Lumbar spine has an antalgic gait and tenderness. Range of motion is stiff and achy. Cervical spine has pain and tenderness more on the right than the left with limited range of motion. Head compression testing is negative. Right elbow has positive Tinel's in the ulnar groove and positive elbow flexion test. Right hand and wrist have positive Phalen's testing. There is limited palmar flexion. There is pain and tenderness over the triangular fibrocartilage complex region. Right knee physical examination revealed that the patient is currently wearing a right knee brace. He has positive scarring consistent with arthroscopic surgery. He has negative 10 degrees of extension with flexion that goes to 95 degrees. Orthopedic examinations have been deferred at this point until the patient has adequate healing. Per 6/10/13 there is documentation of post op complex regional pain syndrome in the knee. Authorization request for TENS made 5/13/13. On 2/28/13, "Pt was diagnosed with cervical spine strain/sprain .rule out discopathy; thoracic strain/sprain; lumbar

spine strain/sprain rule out discopathy; right wrist and hand strain/sprain rule out internal derangement; and right knee strain/sprain rule out intemal derangement. LINT therapy for the lumbar spine and dual prime stimulator TENS unit for home use were recommended.

IMR ISSUES, DECISIONS AND RATIONALES

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

Trial of H Wave System: 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 Page(s): 118.

Decision rationale: The MTUS Chronic Pain Guidelines indicate that H-Wave stimulation is recommended as an adjunct to a program of evidence based functional restoration, and is furthermore recommended only following failure of "initially recommended conservative care, including recommended physical therapy (i.e., exercise) and medications, plus transcutaneous electrical nerve stimulation(TENS.)" There is no documentation in the medical records provided for review that this patient has had failure of a TENS unit and there is no documentation that this trial is in conjunction with an adjunct of evidence based functional restoration. The request for a trial of an H Wave System is not medically necessary and appropriate.