

Case Number:	CM13-0006395		
Date Assigned:	04/23/2014	Date of Injury:	06/05/2012
Decision Date:	06/13/2014	UR Denial Date:	07/23/2013
Priority:	Standard	Application Received:	08/02/2013

HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to an expert reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The expert reviewer is Board Certified in Physical Medicine and Rehabilitation and is licensed to practice in C. 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 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 patient is a 55 year old female who was injured on 06/05/2012 while she was going down the stairs and as she tried to pass two women talking she lost her balance and fell off the stairs. She landed on her right knee which she rolled off to her right wrist and left side of her body. Prior treatment history has included physical therapy, H-wave machine to use at home, TENS unit, injection, chiropractic treatment and a knee replacement surgery. Progress note dated 03/17/2014 documented the patient with complaints of bilateral knee pain, right greater than left, which radiates to the lateral sides of the leg and extends to the bottom of her foot. She stated that she can't fully flex her knee. She also complained of her upper arm and left wrist pain which is radiating upward to her upper arm. She has constant pain and has affected her sleep and daily activity. Objective findings on exam reveal she ambulated without assistance; however, her gait was abnormal during this examination and walking in my clinic. DTRs of right knee is hyper +3. Skin tone on the right knee is red and effusion is present. Surgical 6 ¼ inch scar on the right knee noted. Waddell test was performed and was negative. Motor/muscle testing of lower extremity revealed 3/5 on the right knee. Upon palpation of the spine there was tenderness on supra patellar of the right knee. Trigger points on right with tight right hamstrings and TFL. Week anterior muscles were noted as well as suprapatellar effusion on the right knee. Inferior border of clavicle muscles tender raised clavicle on the left. Lower extremity trigger point areas were quadrates and hamstring across the knee joint insertion, anterior shin muscles and Achilles tendon, gastrtoenemius muscle. The popliteal space was tender on the right. Range of motion of the knee: flexion right 90 degrees, left 135 degrees, extension 180 degrees bilaterally. The patient is still symptomatic after surgery and swelling is present. Examination of the wrist reveal carpal misalignment on bilateral noted mostly symptomatic on left wrist corresponds with radial head misalignment. Pinch test and Finkelstein's reveals weakness on the left. Left weakness also

noted with Phalen's and reverse prayer test. Range of motion of bilateral wrists: flexion on left 70/80, extension 60/70, ulnar deviation 30/30, radial deviation 20/20. Diagnoses: Posttraumatic right knee replacement, Left wrist subluxation, Anxiety, Sleep problems, mental disorder. Discussion: Shall continue using H-Wave TENS machine at home to decrease the swelling and increase healing and range of motion.

IMR ISSUES, DECISIONS AND RATIONALES

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

H-WAVE UNIT RENTAL: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines H-Wave Stimulation Page(s): 117-118.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines H-Wave Stimulation (HWT) Page(s): 117.

Decision rationale: As per Chronic Pain Medical Treatment Guidelines, H-wave unit is not recommended as an isolated intervention, but a one-month home-based trial of H-Wave stimulation may be considered as a noninvasive conservative option for diabetic neuropathic pain or chronic soft tissue inflammation if used as an adjunct to a program of evidence-based functional restoration, and only following failure of initially recommended conservative care, including recommended physical therapy (i.e., exercise) and medications, plus transcutaneous electrical nerve stimulation (TENS). As per the most recent progress reports, the patient has right knee pain, swelling, restricted motion, and weakness. There is documentation that the patient has tried and failed conservative care including physical therapy, medications, and TENS unit. There is documentation that patient has tried H-wave unit at home but there is no documentation of therapeutic outcome of its use. The guidelines recommend that continued use should be documented (as an adjunct to ongoing treatment modalities within a functional restoration approach) as to how often the unit was used, as well as outcomes in terms of pain relief and function. Additionally, there is no documentation that the patient is actively participating in adjunctive treatment modalities such as physical therapy or HEP. Thus, the medical necessity has not been established and the request is not medically necessary.