

Case Number:	CM13-0007211		
Date Assigned:	03/19/2014	Date of Injury:	08/31/2010
Decision Date:	04/11/2014	UR Denial Date:	07/24/2013
Priority:	Standard	Application Received:	08/05/2013

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 & Rehabilitation, has a subspecialty in Interventional Spine 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 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:

This is a 33-year-old male police officer who was injured on 8/31/2010. He has been diagnosed with left knee ACL tear, s/p surgical repair x2, meniscal tear and patellar tendinitis. According to the 7/16/13 report from [REDACTED], he presents with left knee pain, and has not been working, as the employer could not accommodate the permanent restrictions. The patient reports taking Motrin, but states he should not due to his history of ulcer. The physician advised him not to use NSAIDS unless he has a GI work-up, and recommended an H-wave trial to help with his symptoms. On 7/24/13, UR recommended against the H-wave trial.

IMR ISSUES, DECISIONS AND RATIONALES

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

30 DAY EVALUATION TRIAL OF THE H-WAVE HOME CARE SYSTEM: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines H-WAVE STIMULATION (HWT).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines H-WAVE STIMULATION (HWT) Page(s): 114-121.

Decision rationale: The patient presents with chronic left knee pain and has requested a trial of H-wave. The MTUS guidelines for H-wave, states that a trial of H-wave is only recommended if

used as an adjunct to a program of functional restoration and only after failure of conservative care including physical therapy (PT), medications and TENS. The patient has had conservative care with physical therapy, medications, and has undergone a couple of surgeries. The patient seems to meet some of the criteria for the H-wave, but there is no documentation of failing TENS therapy. Therefore, the patient does not meet the MTUS criteria for a trial of H-wave.