

Case Number:	CM13-0010228		
Date Assigned:	09/17/2013	Date of Injury:	06/27/2011
Decision Date:	01/13/2014	UR Denial Date:	07/31/2013
Priority:	Standard	Application Received:	08/12/2013

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 PM&R, 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:

This is a 56 YO, F, bus driver with several industrial injuries. This review apparently involves the 6/27/11 injury involving her knees. On 2/7/08 she slipped and twisted her left knee and underwent surgery for a torn ACL on 4/3/08. Depression started in 2008. She was returned to work by Sept 2010, then on 6/27/11 she stepped in a pothole and injured her right knee, and aggravated her left knee. She underwent hardware removal of the left knee on 11/2/11 without benefit. She underwent arthroscopy on 4/4/12 for the right knee with improvement. She underwent left knee TKA on 3/11/13, with adverse reaction to anesthesia and was hospitalized for 3 weeks. Subsequently she had MUA. She also has the diagnosis of right hip trochanteric bursitis and depression. She has recommendations for another arthroscopy and MUA. The physician does not mention an H-wave unit. There is an H-wave vendor report dated 6/17/13 showing the patient tried the H-wave for 14 days for knee pain, and that prior to the H-wave tried PT and medications.

IMR ISSUES, DECISIONS AND RATIONALES

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

H-wave device purchase: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines TENS, Transcutaneous electrotherapy. Page(s): 114-121.

Decision rationale: For H-wave, MTUS states "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 (Julka, 1998) (Kumar, 1997) (Kumar, 1998), 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)." The MTUS criteria for H-wave has not yet been met. There is no mention of a failure or trial of TENS, and no mention of an adjunctive program of evidence-based functional restoration.