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| Case Number: | CM13-0011484 | | |
| Date Assigned: | 09/20/2013 | Date of Injury: | 03/22/2013 |
| Decision Date: | 01/07/2014 | UR Denial Date: | 08/05/2013 |
| Priority: | Standard | Application Received: | 08/14/2013 |

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 & Rehabilitation 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 underlying date of injury in this case is 03/22/2013. The primary diagnosis is internal derangement of the knee. The treating physician notes describe a diagnosis including internal derangement of the left knee, subluxation of the left patella, avulsion injury of the medial patellofemoral ligament of the left knee, and femoral/saphenous phlebitis. A treating physician progress note of 08/22/2013 notes that the patient was tender over the medial joint line of the left knee and that the patient had tried an H-wave a few times and found it was not effective and therefore the physician requested to defer this further. An initial physician review considered a request for H-wave beginning 08/05/2013 and noted that the chart did not support the use of an H-wave unit, as there was no evidence of demonstrated sustained functional improvement from prior use and no documentation of significant positive objective improvement to support its use.

IMR ISSUES, DECISIONS AND RATIONALES

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

H-wave device for the left knee: 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 H-wave Page(s): 117.

Decision rationale: The Chronic Pain Medical Treatment Guidelines state that the device is not recommended as an isolated intervention, but a one-month home-based trial of H-wave stimulation may be used as a noninvasive conservative option for 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 and medication plus TENS. For the period when the H-wave was requested, it is not clear that the patient had failed a trial of first-line treatment as recommended by the treatment guidelines. Ultimately the trial of H-wave was not effective, although again this decision is not retrospective based on that failure. Rather, the medical history did not meet the guidelines for an initial trial of H-wave. The request for an H-wave device is not medically necessary and appropriate.