

Case Number:	CM13-0019564		
Date Assigned:	10/11/2013	Date of Injury:	12/08/2011
Decision Date:	01/15/2014	UR Denial Date:	08/02/2013
Priority:	Standard	Application Received:	09/03/2013

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 Internal Medicine and Cardiology, was fellowship trained in Cardiovascular Disease, and is licensed to practice in Texas and 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 patient is a 33-year-old male who reported a work-related injury on 12/08/11; the specific cause of the injury was not stated. The patient presents for treatment of the following diagnoses: status post Open Reduction and Internal Fixation (ORIF) of a distal femur fracture as of 12/8/11, status post hardware removal right distal femur interlocking screws as of 4/1/13, and chondromalacia patella of the right knee post-traumatic. The patient was seen for follow-up under the care of [REDACTED] for his chronic pain complaints on 9/25/13, and reported right lower extremity pain rated at 2-3/10. The patient also reported that he continues to improve over time with a home exercise program, stretching, and formal therapy. The provider documents the patient utilizes an H-wave device, which has allowed him to control his pain level and increase his activities of daily living. With regard to medications, the patient is taking Tramadol ER 150 mg, one by mouth daily. A physical exam of the patient's right lower extremity revealed that the right lateral knee incision was clean, dry and intact with no signs of infection or any other complications. The patient's right knee range of motion was 0 to 130 degrees, and while he continued to have painful patellofemoral crepitus with motion of the right knee, he had no patellar instability. The patient presented with 4+/5 motor strength to the right knee.

IMR ISSUES, DECISIONS AND RATIONALES

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

thirty days trial rental of an H-Wave machine for the right leg: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 118.

Decision rationale: The California MTUS states that "H-wave stimulation is not recommended as an isolated intervention but a 1 month home-based trial of H-wave stimulation may be considered as a non-invasive 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, medications and a TENS unit." The clinical documentation submitted for review reports that the patient continues to complain of right lower extremity pain related to a work-related injury sustained multiple years ago. The provider documents the patient has utilized an H-wave unit in conjunction with physical therapy, and reports positive efficacy; however, the documentation does not provide evidence that the patient failed with utilization of a TENS unit for his pain complaints. Given guideline recommendations for the current requested durable medical equipment, the request for thirty days trial rental of H wave machine for the right leg is not medically necessary or appropriate.