Case Number:	CM13-0023187		
Date Assigned:	11/15/2013	**Date of Injury:**	02/08/2013
Decision Date:	01/07/2014	**UR Denial Date:**	09/03/2013
Priority:	Standard	**Application Received:**	09/11/2013

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 and 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:

This patient is a 41-year-old female who reported an injury on 02/08/2013. Per the documentation submitted for review, the patient had a slip and fall causing a twisting mechanism to the right knee. Follow-up evaluation on 02/09/2013 revealed x-rays demonstrated on 3 views of the left knee that the patient had evidence of a tripartite fracture and superior and inferior displacement of the fracture fragments. On 02/10/2013, the patient underwent open reduction internal fixation of the left knee. However, for unknown reasons the patient was not initiated in physical therapy postoperatively until 04/03/2013. Since that time, the patient has maintained approximately 80% improvement with evaluation of the patient on 10/28/2013 and physical therapy revealing 5-/5 strength in the hamstring on the left side with 4/5 to 5-/5 strength of the quadriceps on the left and 2+/5 to 3-/5 strength of the gluteus medius on the left side. Assessment notes from the evaluation indicated the patient was making slow gains with left knee range of motion, with improvement noted in gait mechanics and ambulation now without a single point cane. The patient had remaining weakness of the quadriceps with atrophy and weak left gluteus muscles. The notes indicate that the patient was independent with a home exercise program. Furthermore, notes indicate that the patient has undergone treatment with a TENS unit as well as medications. Subsequently, the patient was approved on 06/26/2013 for use of an Hwave stimulation unit and a 30 day trial. The clinical notes from 07/08/2013 indicated a recommendation for an extension of 3 months use of the H-wave unit. The clinical notes from 10/01/2013 detail the recommendation for purchase of the unit given that the patient had reported the ability to perform more activity and greater overall functioning due to the use of the H-wave device. The patient indicated she was able to walk farther, sit longer and sleep better with the use of the unit and that th

IMR ISSUES, DECISIONS AND RATIONALES

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

Theraband: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Page(s): 338,Chronic Pain Treatment Guidelines Physical Medicine. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG)..

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 46-47. Decision based on Non-MTUS Citation Thera-Band Systems of Progressive Exercise, www.thera-band.com..

Decision rationale: The CA MTUS states that there is strong evidence that exercise programs, including aerobic conditioning and strengthening, is superior to treatment programs that do not include exercise. However, there is no sufficient evidence to support the recommendation of any particular exercise regimen over any other exercise regimen. Also, a review of clinical literature indicates that Therabands are used for resistance training, range of motion imbalance and stability. However, there remains a lack of documentation submitted in the clinical notes indicating clear clinical rationale for the use of Therabands. While guidelines support the recommendation with strong evidence that exercise programs including aerobic conditioning and strengthening superior to treatment programs which do not include exercise, there remains a lack of documentation indicating necessity for the use of Therabands for the patient. Given the above, the request for Theraband is not medically necessary and appropriate.

H-wave system: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 114-116.

Decision rationale: The CA MTUS states that H-wave stimulation is not recommended as an isolated intervention, but that 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). The documentation submitted for review indicates that the patient has undergone a sufficient trial with an H-wave stimulation device and there is demonstrated efficacy in the clinical notes provided to detail that the patient has had improvement in ability to walk farther, sit for longer periods of time as well as achieve better sleep with an overall decrease of 30% pain on a daily basis with the use of an H-wave device. Furthermore, in addition to an H-wave trial having been completed, there is documentation in the notes the patient has tried other

conservative means which have been of little to no benefit including physical therapy, medication management and use of a TENS unit. Therefore, an H-wave system is medically