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| Case Number: | CM13-0026749 | | |
| Date Assigned: | 11/22/2013 | Date of Injury: | 08/20/1998 |
| Decision Date: | 01/24/2014 | UR Denial Date: | 09/12/2013 |
| Priority: | Standard | Application Received: | 09/19/2013 |

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, 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 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 60 year old female with a date of injury on 8/20/1998. The patient's diagnoses are painful right total knee arthroplasty after 3 procedures; significant thigh atrophy per report from 7/15/13. [REDACTED] states that the patient has persistent pain with walking, climbing up stairs, and experiences night pain that is anterior and medial. Range of motion is from 0-120 degrees. Right knee replacement was from 11/1/12, after falling in the kitchen of the fire house. [REDACTED] is requesting a home H wave device. This request has been denied by PDI UR letter from 9/12/13. On 9/19/13, [REDACTED] wrote a letter of appeal stating that this device has helped the patient and that he reviewed the MTUS guidelines from page 114 and 117. On 7/15/13, the treater indicates that the patient has tried TENS unit for several years without much benefit. The patient tried H-wave unit in therapy and it was very beneficial, with significant relief of pain and better mobility.

IMR ISSUES, DECISIONS AND RATIONALES

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

Home H-Wave Device One Month Trial: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Wave stimulation (HWT). Page(s): 117-118.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines on H-wave stimulation (HWT) Page(s): 117-118.

Decision rationale: According to the medical records provided for review, the treating physician states on 7/15/3 that the patient did try a TENS unit for several years without much benefit. However, when she tried the H-wave unit during therapy, it helped decrease pain and improved mobility. MTUS Chronic Pain Guidelines support a home trial of an H-wave device after the failure of a TENS unit, if the patient has diagnosis of neuropathy or soft-tissue chronic inflammation. This patient does suffer from a type of a chronic soft-tissue inflammatory diagnosis with persistent knee pain following a knee replacement. The request for Home H-Wave Device One Month Trial is medically necessary and appropriate.