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| Case Number: | CM13-0029593 | | |
| Date Assigned: | 12/11/2013 | Date of Injury: | 05/31/1991 |
| Decision Date: | 05/21/2014 | UR Denial Date: | 09/20/2013 |
| Priority: | Standard | Application Received: | 09/27/2013 |

HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to an expert reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The expert reviewer is Board Certified in Orthopedic Surgery, and is licensed to practice in Pennsylvania. 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 expert 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 claimant is a 68 year old male injured in a work related accident on May 31, 1991. The records for review indicated the claimant is being treated for a left knee complaint for which he is currently utilizing an H-Wave home device. The clinical records for review included a September 25, 2013 appeal letter by [REDACTED] for continued use of the above device. He stated no clinical findings at that time. The previous assessment for review of September 3, 2013 by [REDACTED] indicated the claimant had made a satisfactory recovery following a recent surgical procedure coupled with August 22, 2103 assessment that stated the H-Wave device being utilized diminished pain. It stated that the claimant continued with physical therapy and a home exercises. He had a working diagnosis of osteoarthritis of the knee; continuation for use of the above device was recommended. Total knee replacement procedure was noted to have taken place on July 12, 2013. Further treatment in regards to the postoperative course of care was not noted.

IMR ISSUES, DECISIONS AND RATIONALES

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

3 ADDITIONAL MONTHS RENTAL OF H-WAVE HOME UNIT FOR POSTOP TREATMENT OF THE LEFT KNEE: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ACOEM Guidelines, online, Knee, Table 2, Summary of Recommendations, Knee Disorders

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

Decision rationale: Based on the CA MTUS Chronic Pain 2009 Guidelines the H-wave stimulator device is recommended for a home based trial of one month but not recommended as an isolated intervention. It is only recommended following failure of initial recommended conservative care including physical therapy, medications and TENS devices. The records in this case indicate the claimant is doing well following a July 2013 total joint arthroplasty. At present there would be no need for continued use of this isolated device in the claimant's postoperative course of care which appears to be improving as expected in the postoperative setting. The 3 additional month's rental of H-Wave Home Unit for Postoperative treatment of the left knee is not medically necessary and appropriate.