

Case Number:	CM13-0031411		
Date Assigned:	12/11/2013	Date of Injury:	06/07/2013
Decision Date:	05/06/2014	UR Denial Date:	09/20/2013
Priority:	Standard	Application Received:	10/03/2013

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 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 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:

According to the records made available for review, this is a 21-year-old female with a 6/7/13 date of injury. At the time (9/20/13) of the Decision for rental of a home H-wave unit for 30 days for the left knee and surgical consultation of the left knee, there is documentation of subjective (left knee pain with swelling, giving way, and cracking when walking) and objective (antalgic gait, decreased left knee range of motion, swelling over the knees bilaterally, and tenderness over the left medial and lateral joint line) findings, imaging findings (MRI left knee (7/5/13) report revealed linear increased signal in the body of posterior horn of the medial meniscus which likely reflects internal degeneration, however a tear is not excluded; and thinned cartilage of the lateral femoral condyle and lateral tibial plateau which causes narrowing of the joint space), current diagnoses (twisting injury to the left knee, rule out internal derangement with torn medial and lateral meniscus; and myoligamentous strain of the lumbar spine with radicular symptoms, rule out HNP), and treatment to date (left knee injections, knee brace, physical therapy, and medications). Regarding home H-wave unit for 30 days for the left knee, there is no documentation of chronic soft tissue inflammation and failure of additional initially recommended conservative care (transcutaneous electrical nerve stimulation (TENS)). Regarding surgical consultation of the left knee, there is no documentation that consultation is indicated to aid in the diagnosis, prognosis, therapeutic management, determination of medical stability, and permanent residual loss and/or the examinee's fitness for return to work.

IMR ISSUES, DECISIONS AND RATIONALES

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

RENTAL OF A HOME H-WAVE UNIT FOR 30 DAYS FOR THE LEFT KNEE: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines H-Wave Stimulation (Hwt)..

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Low Back Complaints Page(s): 117-118.

Decision rationale: MTUS Chronic Pain Medical Treatment Guidelines identifies that a one-month home-based trial of H-Wave stimulation may be considered as a noninvasive conservative option for chronic soft tissue inflammation 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). Within the medical information available for review, there is documentation of a diagnosis of twisting injury to the left knee, rule out internal derangement with torn medial and lateral meniscus. In addition, there is documentation of failure of conservative treatment (physical therapy and medications). However, despite documentation of subjective findings (left knee pain with swelling), there is no (clear) documentation of chronic soft tissue inflammation. In addition, there is no documentation of failure of initially recommended additional conservative care (transcutaneous electrical nerve stimulation (TENS)). Therefore, based on guidelines and a review of the evidence, the request for rental of a home H-wave unit for 30 days for the left knee is not medically necessary.

SURGICAL CONSULTATION 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 American College Of Occupational And Environmental Medicine (ACOEM), 2nd Edition, Chapter 7; Independent Medical Examinations And Consultations, Pg 127.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation American College Of Occupational And Environmental Medicine (ACOEM), 2nd Edition, (2004), Independent Medical Examinations And Consultations, Page 127.

Decision rationale: MTUS reference to ACOEM guidelines identifies that consultation is indicated to aid in the diagnosis, prognosis, therapeutic management, determination of medical stability, and permanent residual loss and/or the examinee's fitness for return to work, as criteria necessary to support the medical necessity to support the medical necessity of consultation. Within the medical information available for review, there is documentation of diagnoses of twisting injury to the left knee, rule out internal derangement with torn medial and lateral meniscus. In addition, there is documentation of subjective (left knee pain with swelling, giving way, and cracking when walking) and objective (antalgic gait, decreased left knee range of motion, swelling over the knees bilaterally, and tenderness over the left medial and lateral joint line) findings and conservative treatment (injections, knee brace, physical therapy, and medications). However, given no documentation of the specific surgical procedure being

requested or a rationale identifying the medical necessity of the requested consultation, and documentation of an associated therapeutic request (H-wave unit for the left knee) which indicates that diagnostic and therapeutic management has not been exhausted within the treating physician's scope of practice, there is no documentation that consultation is indicated to aid in the diagnosis, prognosis, therapeutic management, determination of medical stability, and permanent residual loss and/or the examinee's fitness for return to work. Therefore, based on guidelines and a review of the evidence, the request for surgical consultation of the left knee is not medically necessary.