

Case Number:	CM13-0034613		
Date Assigned:	12/11/2013	Date of Injury:	02/19/2012
Decision Date:	03/12/2014	UR Denial Date:	09/25/2013
Priority:	Standard	Application Received:	10/15/2013

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 Pediatric Rehabilitation Medicine, and is licensed to practice in Texas. 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 31-year-old female who reported an injury on 02/19/2012. The mechanism of injury involved a slip and fall. The patient is currently diagnosed with tear of the medial meniscus of the knee, carpal tunnel syndrome, cyst of a bone unspecified, and tear of the lateral meniscus of the knee. The patient was seen by the provider on 08/22/2013. The patient reported persistent pain in bilateral knees. Physical examination revealed intact scars and symmetrical gait. The treatment recommendations included an H-wave rental for 6 months.

IMR ISSUES, DECISIONS AND RATIONALES

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

H-Wave Trial times 3 months for bilateral knees: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 117--121.

Decision rationale: The California MTUS Guidelines state 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 noninvasive conservative option for diabetic neuropathic pain and

chronic soft tissue inflammation. H-wave stimulation should be used as an adjunct to a program of evidence based functional restoration and only following a failure of initially recommended conservative care. As per the documentation submitted for review, there is no evidence of a failure to respond to physical therapy, medications, or TENS (Transcutaneous electrical nerve stimulation) therapy. There was also no evidence of any functional deficits or a clear rationale as to how this unit would alter the patient's treatment plan. Based on the clinical information received, the request is non-certified.