

Case Number:	CM13-0036492		
Date Assigned:	12/13/2013	Date of Injury:	09/19/2012
Decision Date:	03/24/2014	UR Denial Date:	10/01/2013
Priority:	Standard	Application Received:	10/21/2013

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 Occupational Medicine 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.

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 applicant is a [REDACTED] employee who has filed a claim for chronic knee and leg pain reportedly associated with an industrial injury of September 19, 2012. The applicant has been treated with the following: Analgesic medications; attorney representation; transfer of care to and from various providers in various specialties; a knee MRI of October 18, 2012, notable for grade 2 to 3 chondromalacia; unspecified amounts of physical therapy over the life of the claim; knee Synvisc injections; and work restrictions. A note dated November 13, 2013 is notable for comments that the applicant reports persistent low back and left knee pain, 8-9/10. The applicant is presently on Naprosyn, Butrans, and Restoril. The attending provider stated that the H-Wave unit has reportedly decreased her pain level. Her BMI is 29. The applicant's 15-pound lifting limitation is unchanged. She is asked to continue current medications. An earlier note of October 2, 2013 is also notable for comments that the applicant is reportedly using Naprosyn, Butrans, and Restoril. A 15-pound lifting limitation is again imposed.

IMR ISSUES, DECISIONS AND RATIONALES

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

30 day H-wave home care system: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Transcutaneous Electotherapy H-wave Stimulation.

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

Decision rationale: The Physician Reviewer's decision rationale: The Chronic Pain Medical Treatment Guidelines state that usage of an H-Wave device for more than one month should be "justified by documentation submitted for review." In this case, however, the documentation on file does not support the request for continued rental of the H-Wave device. The applicant has used this device for sometime. There is no evidence of any lasting benefit or functional improvement as defined in the guidelines. A rather proscriptive 15-pound lifting limitation remains in place, unchanged, from visit to visit. The applicant remains highly reliant on various analgesic medications, including Naprosyn, Restoril, Butrans, etc. The applicant does not appear to have tried and/or failed a conventional TENS unit before the H-Wave device was considered. For these reasons, the requested 30 day H-wave home care system is not medically necessary and appropriate.