

Case Number:	CM13-0036618		
Date Assigned:	12/13/2013	Date of Injury:	05/27/2011
Decision Date:	04/14/2014	UR Denial Date:	09/23/2013
Priority:	Standard	Application Received:	10/21/2013

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 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 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 patient is a 68-year-old male with an injury to his right knee on 04/25/2011 and cumulative trauma injury from 01/01/1996 to 05/27/2011. Prior treatment history has included x-rays, physical therapy, left knee support, medications, acupuncture. Medication therapy included lisinopril, Metformin, simvastatin, Pantoprazole, Tramadol, omeprazole, hydro/APAP, Ibuprofen, as well as Cosamin supplements. The patient underwent a colonoscopy 10/16/2013. Diagnostic studies reviewed: CT of the lumbar spine performed 04/11/2013 revealed disruption of lumbar lordosis without significant scoliosis is demonstrated. There is evidence for osteoporosis which may be confirmed with dedicated imaging. There is possible mild old chronic compression deformities of L1 and L5 vertebral bodies; L1-L2 revealed mild to posterior loss of disk height; 2-3 mm retrolisthesis with overlapping to 3-4 mm disk bulge likely contributes to at least mild bilateral foraminal stenosis. L2-L3 revealed a 1-2 mm retrolisthesis with a 2-3 mm disk bulge is present. The spinal canal and neural foramina are likely adequate. There is also spinous process impingement syndrome/Baastrup syndrome. L3-L4: 2-3 mm disk bulge is present. There is spinous process impingement syndrome/Baastrup's syndrome. L4-L5: 3-4 mm disk bulge with overlapping ridging osteophyte likely contributes to mild bilateral foraminal stenosis and mild spinal canal stenosis. There is also mild Baastrup's syndrome. L5-S1 revealed chronic bilateral pars interarticularis fractures/Spondylitic with secondary approximately 8-9 mm grade 1 anterolisthesis and overlapping disk bulge contributes to moderate left foraminal stenosis with likely left L5 nerve root impingement. PR dated 09/09/2013 reported the patient to present with complaints of worsening right shoulder and right knee pain. Shoulder (right) examination revealed decreased range of motion, strength testing at 4/5, positive impingement test and apprehension test (anterior and posterior). Lumbar examination reported decreased range of motion limited by pain and spasms. There was a

positive Kemps test, bilateral. Bilateral knee examination revealed decreased range of motion limited by pain, spasm and swelling. There was a positive McMurray with internal and external rotation. Final Assessment: Right shoulder impingement syndrome, right shoulder labral tear, lumbar spine spondylosis, lumbar spine sprain/strain, joint pain and right knee internal derangement.

IMR ISSUES, DECISIONS AND RATIONALES

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

1 HOME H-WAVE ELECTRONIC MUSCLE STIMULATION UNIT FOR THE RIGHT KNEES SHOULDER, LUMBAR SPINE, AND BILATERAL: Upheld

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

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

Decision rationale: Per CA MTUS guidelines for the use of an H-wave stimulation unit, it is not recommended as an isolated intervention but a one month home based trial may be considered for chronic soft tissue inflammation if used as an adjunct to a program of evidence-based functional restoration, only following failure of initially recommended conservative care. The medical records document the patient has tried physical therapy and medications as required in the guidelines, however, there was no documentation that the patient has tried and failed a TENS unit for the knee, shoulder and lumbar spine.