

Case Number:	CM13-0037508		
Date Assigned:	12/13/2013	Date of Injury:	09/25/2012
Decision Date:	02/20/2014	UR Denial Date:	09/24/2013
Priority:	Standard	Application Received:	10/23/2013

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 and rehabilitation, has a subspecialty in interventional spine 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. 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 55 YO female with date of injury 09/25/2012. Patient has diagnoses of contusion of knee, chondromalacia of patella, sprain of lumbar and sprain of sacroiliac ligament. The patient is complaining of pain and impaired activities of daily living. According to [REDACTED] report dated 08/22/2013, the patient reports pain level dropping from 8/10 to 4/10 and increased range of motion after H-Wave use. H-wave outcome report dated 09/02/2013 shows patient experienced 70% improvement in pain level but use of medication has not decreased. The treator is requesting the purchase of the H-Wave device.

IMR ISSUES, DECISIONS AND RATIONALES

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

H-wave device E1399 for purchase for bilateral knee: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines H-wave stimulation Page(s): 117,118.

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: Patient has diagnoses of contusion of knee, chondromalacia of patella, sprain of lumbar and sprain of sacroiliac ligament.

The treater is requesting H-Wave device for purchase. MTUS guidelines pages 117 and 118, allows for a one-month home-based trial of H-Wave. The patient has tried one-month H-wave unit and is reporting 70% reduction of pain. However, no documentation is provided regarding functional improvement. MTUS pages 118 states "it should be documented as to how often the unit was used, as well as outcomes in terms of pain relief and function." In this patient, pain reduction is documented but no functional changes, such as significant improvement in ADL's, reduction of use of medication, or return to work/reduced work restrictions are documented. MTUS 9792.2(f) "Functional improvement" means either a clinically significant improvement in activities of daily living or a reduction in work restrictions as measured during the history and physical exam, performed and documented as part of the evaluation and management visit billed under the Official Medical Fee Schedule (OMFS) pursuant to sections 9789.10-9789.111; and a reduction in the dependency on continued medical treatment. Recommendation is for denial.