

Case Number:	CM13-0037543		
Date Assigned:	12/18/2013	Date of Injury:	02/14/2008
Decision Date:	04/14/2014	UR Denial Date:	09/20/2013
Priority:	Standard	Application Received:	09/30/2013

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 Preventative Medicine, has a subspecialty in Occupational and Environmental Medicine, and is licensed to practice in Oklahoma and 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 67-year-old female who was injured on 02/14/2008. Prior treatment history has included a TENS (transcutaneous electrical nerve stimulation) unit with no added relief; medications provide more pain relief in her knee than in her low back. PR2 dated 08/26/2013 stated the patient has decreased right knee pain, but has increased low back pain and felt primarily in the midline in the lumbar spine radiating to the right side and to the buttock. The patient reports difficulty sleeping at night sometimes because of her back pain. The patient has not had any recent physical therapy. The patient has not had any recent chiropractic care. PR2 dated 09/23/2013 documented increased right knee pain in last week with no report in re-injury. PR2 dated 10/21/2013 documented the patient to have complaints of right knee pain. The patient is still having the low back pain and now she is feeling pain in between the right hip as well as the posterior side of the thigh going to the knee. Objective findings on exam reveal no significant change from previous exam. PR2 dated 12/02/2013 stated the patient had received the H-wave and it seemed that is has improved her symptoms 50-60%. The patient is participating in therapy and she received a call that she has been authorized for more visits. The Meloxicam does not bother her stomach; it is helping in relieving her pain. Objective findings on examination of the right knee revealed no true suprapatellar swelling. There is normal valgus, varus and no traumatic or surgical scars. There was no erythema and no edema. The patient's range of motion flexes to about 100 degrees, internal rotation is zero and external rotation is approximately five degrees. The patient is non-tender over the tibial plateau. There is no tenderness over the anterior medial aspect of the knee; crepitus associated with knee range of motion. There was no motor weakness, sensory is intact to light touch and pinprick; patellar reflex is intact; circumference measurements are equal bilaterally at the quadriceps and at the

knee joint measured at the joint line. The patient's gait pattern is normal; Heel and toe ambulation causes mild increased low back pain. The patient is barely able to walk and has tenderness and rigidity of the right paravertebral muscles, plus there is point tenderness in the left SI (sacroiliac) joint. The patient's range of motion is decreased. Her straight leg raise is still mildly positive in right leg at full 90 degrees; increased girth on the right calf over the left. There is no erythema. The patient has marked tenderness at the distal portion of the calf, it is warm to touch. The pulses are not palpable by digital palpation in either foot. There is no edema of the foot. The patient's sensation was intact in all dermatomes in the bilateral lower extremities; motor strength is 5/5; deep tendon reflex examination is 1+ bilaterally.

IMR ISSUES, DECISIONS AND RATIONALES

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

HOME H-WAVE DEVICE X 1 MONTH: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines H-WAVE STIMULATION Page(s): 98 - 99, and 117-118..

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

Decision rationale: The MTUS Chronic Pain Medical Treatment Guidelines details that H-wave stimulation is not recommended as an isolated intervention, but a one-month home-based trial may be considered as a noninvasive conservative option for diabetic neuropathy pain, or chronic soft tissue inflammation if 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). It is my opinion that the medical necessity of the H-wave unit has not been demonstrated in the medical records that were sent to me according to the Chronic Pain Medical Treatment Guideline. The request for a home H-Wave device for one month is not medically necessary or appropriate.