

Case Number:	CM13-0041748		
Date Assigned:	12/20/2013	Date of Injury:	11/20/2012
Decision Date:	04/03/2014	UR Denial Date:	10/14/2013
Priority:	Standard	Application Received:	10/30/2013

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 Family Practice 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 58 year old female who sustained a work injury on 11/20/12 resulting in a right knee injury. She also had a non-industrial left tibial plateau injury on 1/5/03. The claimant had undergone three times a week physical therapy. On 5/24/13, the claimant was given a prescription for 3 months use of an H-wave system for management of knee pain, which had previously improved the pain from 3 to 0, and range of motion 20%. A examination report on 8/16/13 noted bilateral knee pain 3/10. Objective findings included a positive McMurray's test and a positive Patellofemoral crepitus test. A steroid knee injection was given that day. On 9/13/13 a recommendation was given for purchase/indefinite use of an H-wave system due to decrease in requirement of pain medication for knee pain.

IMR ISSUES, DECISIONS AND RATIONALES

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

Purchase of an H-wave device for the knees: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Chronic Pain Medical Treatment Guidelines Page(s): 51.

Decision rationale: In this case, the H-wave system was used beyond one month. In addition, the claimant does not have the diagnoses listed in the guidelines as covered for this device. Furthermore, the claimant also received therapy and steroid injections that may have also contributed to improvement. Due to these factors, the H-wave indefinite use is not medically necessary.