

Case Number:	CM13-0042468		
Date Assigned:	12/27/2013	Date of Injury:	09/27/2011
Decision Date:	03/14/2014	UR Denial Date:	10/10/2013
Priority:	Standard	Application Received:	10/18/2013

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, 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 44-year-old male who reported a work related injury on 09/27/2011, as a result of a motor vehicle accident. The patient presents for treatment of the following diagnoses: status post a left L5-S1 laminotomy microdiscectomy as of 02/24/2012, and rule out possible meniscal tear to the left knee. The clinical note dated 09/11/2013 reports the patient was seen under the care of [REDACTED]. The provider documented the patient presents with left knee pain complaints, as the provider feels the patient has overcompensated and likely injured his left knee as a result of the lumbar spine pain. The provider documents the patient has a positive left-sided McMurray sign, the patient ambulates with an obvious left-sided limp, and motor strength of the lower extremities were noted to be 5/5 bilaterally.

IMR ISSUES, DECISIONS AND RATIONALES

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

H Wave Unit: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Electrotherapy/H Wave unit..

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 118.

Decision rationale: The current request is not supported. The clinical documentation submitted for review fails to evidence that the patient has utilized a 1 month home based trial of this modality. California MTUS indicates H-wave stimulation is not recommended as an isolated intervention. However, a 1 month home based trial may be considered as a noninvasive conservative option for diabetic neuropathic pain or chronic soft tissue inflammation, if used as an adjunct to a program of evidence-based functional restoration. In addition, the clinical notes did not indicate that the patient had failed with utilization of a TENS unit. The clinical note dated 10/02/2013 reports the patient utilized an H-wave unit while in physical therapy, and reported this modality was effective. However, given the lack of documentation of failure with use of a TENS unit as well as trial of an H-wave, the request for an H-wave unit is not medically necessary or appropriate.