

Case Number:	CM13-0043059		
Date Assigned:	12/27/2013	Date of Injury:	01/23/2004
Decision Date:	04/03/2014	UR Denial Date:	10/25/2013
Priority:	Standard	Application Received:	10/31/2013

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 65-year-old female with date of injury of 01/23/2004. The listed diagnosis per [REDACTED] dated 10/11/2013 is: Osteoarthritis of the left leg. According to progress report dated 10/11/2013 by [REDACTED], the patient complains of discomfort in the left knee, left greater than the right. She has attended physical therapy and indicates she has been using the H-wave unit on her left knee. She reports decreased discomfort on the infected knee. Upon examination of both knees, there is a midline incision consistent with the patient's knee replacement surgeries. She is able to extend both knees to at least minus five (5) degrees. There is moderate discomfort on palpation of the medial and lateral joint lines of both knees, more so on the left than the right with infrapatellar pain on palpation along the mid portion of the left knee. There appears to be some relative weakness of vastus medialis origin (VMO) function more so on the left than the right; however, overall, motor function of both lower extremities is intact. Treater is requesting three (3) additional months of H-wave unit use.

IMR ISSUES, DECISIONS AND RATIONALES

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

Three (3) additional months of Home H-Wave device: Upheld

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

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

Decision rationale: This patient presents with chronic bilateral knee pain. The treater is requesting three (3) additional months of H-wave unit use. The utilization review dated 10/25/2013 denied the request stating that there is no evidence that H-wave is more effective as an initial treatment when compared to TENS for analgesic effects. Review of the reports show a patient compliance and outcome form which noted 50% improvement. The progress report dated 12/05/2013 by [REDACTED] indicates, "She reports she has had a good response to use of H-wave device which she has used for several months. She has soft tissue fullness throughout the knee, mainly in the left anterior area which increases with range of motion. She is able to adequately extend the knee to about -5 degrees but reports of aching pain. Muscle recruitment in the quadriceps is fair. In the left knee, she has full extension with mild discomfort and grossly intact motor strength. She is able to dorsiflex both feet and EHL function is intact bilaterally. Patient has reported eliminating the need for oral medication due to the use of the H-wave device. Patient has reported the ability to perform more activity in greater overall function due to the use of the H-wave device." The Chronic Pain Guidelines support a 1-month home based trial of H-wave treatments as a non-invasive conservative option for diabetic neuropathic pain or chronic soft tissue inflammation if used as adjunct to a program of evidence-based functional restoration and only following failure of initially recommended conservative care including recommended physical therapy in medications plus TENS. Review of records also show results from the TENS unit from 07/31/2013, showing that the patient used TENS unit at home and did not provide any satisfactory or adequate relief. In this case, the patient has tried and failed the TENS unit and documents show that the patient has satisfactory relief from a 3-month trial of the H-wave unit. A home use of H-wave with a purchase would be reasonable but not on-going rental. The guidelines do not discuss on-going rental at 3-month intervals. Recommendation is for denial.