

Case Number:	CM13-0046343		
Date Assigned:	12/27/2013	Date of Injury:	10/14/2012
Decision Date:	07/14/2014	UR Denial Date:	10/31/2013
Priority:	Standard	Application Received:	11/12/2013

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 Anesthesiology, has a subspecialty in Pain Management, 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 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:

This is a 34-year-old male with a 10/14/12 date of injury. The mechanism of injury was two cinder blocks landing on his left foot. The patient has ongoing right knee and foot pain with a diagnosis of plantar fasciitis, foot contusion, hamstring tear, and patellar chondromalacia. The patient was seen on 10/21/13 with complaints of pain and decreased range of motion. Standing plain films dated 4/29/13 document well maintained joint spaces - medial, lateral, and patellofemoral. An ACL anchor was noted to be in position. An MRI of the left knee from 6/20/13 documented an ACL repair with intact graft and no evidence of internal derangement. The patient has had physical therapy, TENS therapy, and had an H-wave that provided 50% improvement.

IMR ISSUES, DECISIONS AND RATIONALES

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

HOME H-WAVE DEVICE FOR THE RIGHT KNEE: 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: The California MTUS states that a one-month home-based trial of H-wave stimulation may be indicated with chronic soft tissue inflammation when H-wave therapy will be used as an adjunct to a method of functional restoration, and only following failure of initial conservative care, including recommended physical therapy and medications, plus transcutaneous electrical nerve stimulation (TENS). Given that there is no evidence that the H-wave unit will be used in conjunction with a physical therapeutic modality, and that there is no evidence of functional improvement, the request is not medically necessary.