

Case Number:	CM13-0046859		
Date Assigned:	04/02/2014	Date of Injury:	06/05/2012
Decision Date:	05/07/2014	UR Denial Date:	10/23/2013
Priority:	Standard	Application Received:	11/01/2013

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 Occupational Medicine, has a subspecialty in Preventive Medicine 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:

The applicant is a represented [REDACTED] employee who has filed a claim for chronic right knee and right lower extremity pain reportedly associated with an industrial injury of June 5, 2012. Thus far, the applicant has been treated with the following: Analgesic medications; attorney representation; diagnostic testing of the injured knee, notable for evidence of meniscal derangement and knee arthritis; knee injection; and extensive periods of time off work, on total temporary disability. In a utilization review report of October 25, 2013, the claims administrator denied a request for an H-wave home care system. The applicant's attorney subsequently appealed. In a progress note of January 22, 2014, the applicant was described as using pain medications including Motrin. In another note of January 22, 2014, the applicant was described as having ongoing issues with knee pain. The applicant apparently was described as having a failed knee prosthesis. Genetic testing for chronic pain was endorsed, along with knee x-rays. The applicant was placed off work, on total temporary disability. In a physical therapy note of December 3, 2013, the applicant is described as demonstrating a home exercise program well. The applicant is reportedly responding well to physical therapy, strength training, and stability training. Conventional electrical stimulation therapy was apparently performed in physical therapy.

IMR ISSUES, DECISIONS AND RATIONALES

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

30-DAY RENTAL OF A H-WAVE HOME UNIT: Upheld

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

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

Decision rationale: No, the proposed 30-day rental of an H-wave home care system is not medically necessary, medically appropriate, or indicated here. As noted on page 117 of the MTUS Chronic Pain Medical Treatment Guidelines, H-wave home care systems are, at best, tepidly endorsed as a fourth-line treatment in individuals with chronic soft tissue inflammation and/or diabetic neuropathic pain in whom other appropriate pain modalities, including pain medications, physical therapy, and conventional TENS unit have been tried and failed. In this case, however, the applicant was described as responding favorably to conventional physical therapy. There is no mention of inadequate analgesia with ibuprofen usage. Accordingly, the request for an H-wave home care system is not certified on the grounds that the applicant is responding favorably to physical therapy and medications resulting in the applicant's failing to meet criteria set forth on page 117 of the MTUS Chronic Pain Medical Treatment Guidelines for a 1-month trial of the H-wave home care system.