

Case Number:	CM13-0052064		
Date Assigned:	03/31/2014	Date of Injury:	05/10/2012
Decision Date:	07/22/2014	UR Denial Date:	10/30/2013
Priority:	Standard	Application Received:	11/15/2013

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 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 patient is a 56 year old male who was injured on 05/10/2012. The mechanism of injury is unknown. Diagnostic studies reviewed include MRI of the cervical spine without contrast dated 09/10/2013 revealed broad based posterior herniation of C3-4 disc, causing mild narrowing of the central canal and neural foramen, bilaterally. The herniation measures approximately 4 mm in size. 2) Diffuse bulge of C2-C3, C5-C6, and C6-C7 discs, causing mild narrowing of the central canal and neural foramina, bilaterally. The bulges measure approximately 3 mm in size; 3) Mild diffuse bulge of C4-C5 and C7-T1 disc, without any significant central canal or neural foraminal narrowing. The bulges measure approximately 2 mm in size. And 4) Generalized facet and uncovertebral arthropathy. MRI of the left knee without contrast dated 09/10/2013 revealed 1) A grade III tear of the body and posterior horn of medial meniscus 2) Grade II signal in the body and posterior horn of lateral meniscus 3) Myxoid degeneration in the anterior horns of both menisci 4) Sprain of anterior cruciate ligament 5) Mild changes of osteoarthritis in the left knee joint 6) Chondromalacia patellae (grade I) 7) Mild synovial effusion and 8) Mild subcutaneous edema around the knee joint. Progress report dated 10/18/2013 indicates the patient complained of increased pain, loss of sleep and gait pain on the left knee. Objective findings on exam revealed pain at L4-L5 bilateral with positive straight leg raise. McMurray's and anterior drawer are positive as well as Kemps. He has decreased range of motion of the lumbar spine and cervical spine. Diagnoses are cervical/CADS injury, lumbar sprain/strain, and occipital/cervical segment dysfunction. Prior utilization review dated 10/30/2013 states the request for an H-wave unit purchase for home use left knee, cervical, and lumbar spine is not authorized as there are no clinical findings to justify its purchase. There is no documented evidence of functional improvement.

IMR ISSUES, DECISIONS AND RATIONALES

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

H-WAVE UNIT PURCHASE FOR HOME USE LEFT KNEE, CERVICAL, AND LUMBAR: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines H-wave stimulation Page(s): 117-118. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Pain, H-wave stimulation.

Decision rationale: This is a request H-wave purchase for home use for the left knee, low back, and neck for a 56 year old male injured on 5/10/12. According to MTUS guidelines, H-wave stimulation is, "not recommended as an isolated intervention, but one-month home-based trial of H-wave stimulation 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, and only following failure of initially recommended conservative care, including recommended physical therapy (i.e. exercise) and medications, plus transcutaneous electrical nerve stimulation (TENS)." The patient reportedly failed a trial of a TENS unit and used H-wave stimulation for a month, despite lack of authorization, which was beneficial. However, medical records fail to establish functional improvement due to use of H-wave stimulation. On the contrary the patient's complaints increased, and he was referred for multiple MRI's and consultations. Further, there is no documentation of participation in concurrent evidence-based functional restoration. Medical necessity is not established.