

Case Number:	CM13-0054539		
Date Assigned:	12/30/2013	Date of Injury:	07/25/2011
Decision Date:	04/10/2014	UR Denial Date:	10/29/2013
Priority:	Standard	Application Received:	11/19/2013

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 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 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 male sustained an injury on 7/25/11 while employed by the [REDACTED]. Request under consideration include DME- H Wave 1 month trial. Report of 9/10/13 from [REDACTED], MSN-NP for [REDACTED] noted the patient has been authorized a TENS unit trial but has not yet received the unit. The patient is currently using his wife's TENS which he states helps him to decrease pain level by 2-3 points from 7/10 scale. He continues with self-home therapy and uses off-loader brace occasionally as his knees tend to swell. The patient continues to complain of popping, clicking and grinding sensation of his knee when he walks for extended periods of time. He would like to get Supartz injection again and is currently taking Ibuprofen and Medrox. He is working full time and remains P&S. Exam showed positive ant/medial joint-line pain of right knee with crepitus and pain on compression of pat/fem joint; ROM on right 0-135 and left 0-145 degrees. Diagnoses include Knee osteoarthritis and Internal Derangement Knee. Treatment plan was to continue self-therapy within functional restoration program; off-loader brace; and Supartz series. Report of 10/15/13 noted patient having received the TENS unit but was using it daily, wearing out the batteries. There was no reported pain reduction at all for any length of time and the patient would like to try the H-wave device. Pain reported to continue at 5/10 with Ibuprofen and Medrox use. Exam remained essentially unchanged along with diagnoses and treatment plan to continue as above. Request for H-wave trial rental was non-certified on 10/29/13 citing guidelines criteria and lack of medical necessity.

IMR ISSUES, DECISIONS AND RATIONALES

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

H-WAVE 1 MONTH TRIAL: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 115-118.

Decision rationale: According to the Chronic Pain Medical Treatment Guidelines, H-wave is not recommended as an isolated intervention, but a 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 medical records provided for review include a report dated 10/15/13 noting that the patient had received the TENS unit but was using it daily, wearing out the batteries. Additionally, there was no reported pain reduction at all for any length of time and the patient would like to try the H-wave device. Pain reported to continue at 5/10 with Ibuprofen and Medrox use. Exam remained essentially unchanged along with diagnoses and treatment plan to continue as above. Furthermore, submitted reports have demonstrated having met these criteria as the patient is continuing with a HEP and failed a TENS trial. The request for a DME- H Wave 1 month trial is medically necessary and appropriate.