

Case Number:	CM13-0055555		
Date Assigned:	12/30/2013	Date of Injury:	10/29/2012
Decision Date:	03/31/2014	UR Denial Date:	10/25/2013
Priority:	Standard	Application Received:	11/21/2013

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 Family Practice 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 35 year old male who reported an injury on 10/29/2012. The mechanism of injury was not specifically stated in the medical records. The patient is diagnosed with pain in joint, lower leg. The 08/08/2013 note indicates that the patient had failed to improve with physical therapy and/or exercise, medications, and a clinical or home trial of a TENS unit. The clinical information indicates that the patient had surgery on 06/24/2013, including a partial medial meniscectomy, and worked with physical therapy postoperatively, but continued to have symptoms and associated weakness.

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 left knee for purchase (indefinite use): Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Transcutaneous electrotherapy Page(s): 117-118.

Decision rationale: According to the California MTUS Guidelines, H-wave stimulation is not recommended as an isolated intervention, but a 1 month home-based trial of H-wave stimulation may be considered as an option if used as an adjunct to a program of evidence-based functional

restoration, and only following the failure of initially recommended conservative care including physical therapy, exercise, and medications, plus transcutaneous electrical nerve stimulation. The clinical information submitted indicates that the patient has had extensive conservative treatment following his surgery. It was also noted that he had failed physical therapy, medications, and a TENS unit. It was noted that he had benefitted from clinical treatments using the H-wave unit at his physical therapy visits. Therefore, his physical therapist recommended use of an H-wave unit at home. As the patient was noted to have failed conservative treatment with physical therapy, exercises, medications, and a TENS unit, a 1 month home-based trial of an H-wave stimulation unit would be supported. However, the purchase of an H-wave device for the left knee is not supported without documentation regarding the patient's 1 month home-based trial. Therefore, the request is noncertified.