

Case Number:	CM13-0055788		
Date Assigned:	12/30/2013	Date of Injury:	05/25/2006
Decision Date:	04/30/2014	UR Denial Date:	10/28/2013
Priority:	Standard	Application Received:	11/21/2013

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 Neuromusculoskeletal Medicine, and is licensed to practice in Arizona. 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 47-year-old female who knelt down and twisted her left knee on 5/25/06. Since then, she has had some level of left knee pain. She has been diagnosed with a meniscal tear as well as internal derangement of her left knee, chondromalacia, sprain and dislocation of the patella of the left knee. She has undergone left knee videarthroscopy, medial patellofemoral ligament reconstruction, lateral release, posterior lateral menisectomy, microfracture lateral femoral condyle, and open posterior lateral corner repair on 5/23/18. Since then, she has slowly progressed improvement in functionality with reported pain reduction. On 01/14/14, the patient was seen for a workman's compensation re-evaluation in which she stated that her pain had improved, by being more physical and exercising 3-4 times a week. She had been riding a bike at the gym and did some exercises in the pool. She has lost 20 pounds since her last visit. Her pain is now medial side, when before it was usually lateral. Her current treatment regimen includes Flexeril, ibuprofen, aspirin, and Aleve. On exam, she has a normal gait, and limited heel/toe rise, but she is unable to squat. The patient has documented synovitis and a 1.5cm atrophy of her left leg with appreciable subpatellar crepitus. She continues her home exercise program following physical therapy.

IMR ISSUES, DECISIONS AND RATIONALES

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

HOME H WAVE DEVICE RENTAL FOR ADDITIONAL THREE (3) MONTHS FOR LEFT KNEE: Upheld

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

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

Decision rationale: H-wave stimulation (HWT) 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 and medications, plus transcutaneous electrical nerve stimulation (TENS). There is no evidence that H-Wave is more effective as an initial treatment when compared to TENS for analgesic effects. H-wave stimulation is sometimes used for the treatment of pain related to muscle sprains, temporomandibular joint dysfunctions, or reflex sympathetic dystrophy. H-wave is used more often for muscle spasm and acute pain as opposed to neuropathy or radicular pain, since there is anecdotal evidence that H-Wave stimulation helps to relax the muscles, but there are no published studies to support this use, so it is not recommended at this time. As the MTUS guidelines provide for a one-month home trial following failure of physical therapy and conservative management and considering the patient's own reporting of improvement in both functionality and with pain reduction since her surgical intervention and exercise, the request is not medically necessary.