

Case Number:	CM13-0057092		
Date Assigned:	12/30/2013	Date of Injury:	07/19/2011
Decision Date:	04/29/2014	UR Denial Date:	11/08/2013
Priority:	Standard	Application Received:	11/25/2013

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 Internal 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 27-year-old male with date of injury on 07/19/2011 from a fork lift accident; he has had right shoulder and right knee pain since then. He has had treatment with physical therapy, Voltaren ER, Tylenol ES, and arthroscopic surgery of his right knee. The right knee pain continues despite conservative care. A recent MRI and orthopedic evaluation state that he may need another surgery to alleviate his symptoms. However, the surgery is not emergent and timing was an issue as the claimant is working full-time, despite his injury. H-wave device was given as a trial due to failure of other conservative care, with reported objective improvement in symptoms. The request is for further use of the H-wave device.

IMR ISSUES, DECISIONS AND RATIONALES

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

THREE ADDITIONAL MONTHS OF HOME H-WAVE DEVICE: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines H-wave Stimulation (HWT).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Transcutaneous Electrotherapy Page(s): 114-121.

Decision rationale: This 27 year old male patient has had knee pain since an industrial accident on 7/19/2011. He has failed conservative care and physical therapy. He has tried transcutaneous

electric nerve stimulation (TENS) per physical therapy notes and failed to improve. He was given H-wave therapy initially with documented improvement in pain scores and function. Although a new surgery is recommended based on MRI findings and exam by the orthopedist, it is not urgent and timing is an issue with his current work, as the patient is still working. Given the improvement seen that is documented as more than 30% in pain score and function using the H wave therapy, and the plan for definitive therapy in place, use of H wave therapy meets MTUS criteria and is medically necessary. The prior UR decision is reversed.