

Case Number:	CM13-0057904		
Date Assigned:	12/30/2013	Date of Injury:	01/06/2009
Decision Date:	05/06/2014	UR Denial Date:	11/01/2013
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 Occupational Medicine and is licensed to practice in California and Oklahoma. 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 60 year old female who was injured on 01/06/2009. The injury occurred when the patient tripped. Prior treatment history has included H-wave which helped, and medication. The patient underwent a left knee arthroscopy on 02/08/2012. She received 7 extracorporeal shockwave treatments. Diagnostic studies reviewed include MRI of the lumbar spine dated 09/28/2009 revealed: 1. L2-3 shows slight narrowing and mild dessication 2. L3-4 shows mild narrowing and desiccation with a 2-33 central to right posterolateral encroachment 3. The remaining lumbar intervertebral discs are seen to demonstrate no abnormalities. The central spinal canal is also normal. Orthopedic consultation treatment plan dated 09/03/2013 includes bilateral knee Synvisc injections and physical therapy. PR2 dated 10/22/2013 documented the patient to have complaints of pain in the lower back, right knee/leg and left knee/leg without symptoms of numbness or tingling. She states she is not taking medications. Objective findings on exam revealed right knee range of motion: flexion 120; extension is 0 (Remainder written notes illegible). PR2 dated 09/12/2013 indicated the patient to have complaints of pain that impairs her activities of daily living. She is instructed to continue current treatment plan with the EWL H-Wave homecare system for purchase/Indefinite Use, two times per day at 30 minutes per treatment as needed.

IMR ISSUES, DECISIONS AND RATIONALES

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

EXT DME: HOME H-WAVE UNIT: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation (ODG) Official Disability Guidelines- Low Back Chapter

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

Decision rationale: Chronic Pain Medical Treatment Guidelines detail: H-wave stimulation (HWT), "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 (Julka, 1998) (Kumar, 1997) (Kumar, 1998), 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). While H-Wave and other similar type devices can be useful for pain management, they are most successfully used as a tool in combination with functional improvement. H-wave stimulation has also been used to accelerate healing of wounds, such as diabetic ulcers. H-wave electrical stimulation must be distinguished from the H-waves that are a component of electromyography. (BlueCross BlueShield, 2007) (Aetna, 2005)." The medical necessity of this request is not supported in the records. I could find no trial of TENS use. Therefore, this is not medically necessary.