

Case Number:	CM13-0058511		
Date Assigned:	12/30/2013	Date of Injury:	03/18/2013
Decision Date:	04/09/2014	UR Denial Date:	11/20/2013
Priority:	Standard	Application Received:	11/27/2013

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 Internal Medicine, Pulmonary Diseases 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 reported an injury on 03/18/2013. The patient was reportedly injured while moving furniture. The patient is currently diagnosed with left knee medial meniscus tear, chondromalacia patella, left knee sprain, and status post arthroscopic partial medial meniscectomy on 6/24/2013. The patient was seen by [REDACTED] on 10/28/2013. The patient reported intermittent left knee pain. Physical examination revealed tenderness to palpation of the medial joint line and patella tendon, slight effusion, and crepitus. Treatment recommendations included additional physical therapy to the left knee and an H-wave unit for 1 month.

IMR ISSUES, DECISIONS AND RATIONALES

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

H-wave TENS unit rental x 1 month for the left knee: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines H-wave stimulation (HWT) Page(s): 117-118.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 117-121.

Decision rationale: The California MTUS Guidelines state H-wave stimulation is not recommended as an isolated intervention, but a 1 month home-based trial may be considered as a non-invasive conservative option for diabetic neuropathic pain or chronic soft tissue

inflammation. As per the documentation submitted, there is no evidence of a failure to respond to conservative treatment, including TENS therapy. Therefore, the patient does not currently meet criteria for the requested service. Additionally, there was no evidence of a treatment plan with the specific short and long-term goals of treatment with the H-wave stimulation unit. Based on the clinical information received, the request is noncertified.

The request for additional physical therapy to the left knee 2 times a week for 4 weeks:

Upheld

Claims Administrator guideline: Decision based on MTUS Postsurgical Treatment Guidelines.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 98-99.

Decision rationale: The California MTUS Guidelines state active therapy is based on the philosophy that therapeutic exercise and/or activity are beneficial for restoring flexibility, strength, endurance, function, range of motion, and can alleviate discomfort. Guidelines allow for a fading of treatment frequency, plus active self-directed home physical medicine. The patient has completed an extensive amount of physical therapy to date. Despite ongoing therapy, the patient continues to report persistent pain. The patient's physical examination continues to reveal tenderness to palpation, slight effusion, and crepitus. Without documentation of objective functional improvement, the ongoing treatment cannot be determined as medically appropriate. As such, the request is noncertified.