

Case Number:	CM13-0062848		
Date Assigned:	12/30/2013	Date of Injury:	09/10/2012
Decision Date:	04/14/2014	UR Denial Date:	12/05/2013
Priority:	Standard	Application Received:	12/09/2013

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, has a subspecialty in 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 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 29-year-old male who reported an injury on 09/10/2012. The mechanism of injury involved repetitive lifting. The patient is currently diagnosed with internal derangement of the knee. The most recent primary treating physician progress report was submitted by [REDACTED] on 11/18/2013. The patient reported pain and impaired activities of daily living. A physical examination was not provided. Treatment recommendations included a purchase of an H-wave system.

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 right 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): 117-121.

Decision rationale: California Medical Treatment Utilization Schedule (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 noninvasive treatment option. H-wave stimulation should be used as an adjunct to a program of evidence based functional restoration and only following

failure of initially recommended conservative care. As per the documentation submitted, there is no evidence of a failure to respond to conservative treatment including physical therapy, medications, and TENS therapy. There is also no indication of this patient's active participation in a functional restoration program. Additionally, a three month trial was requested by [REDACTED] [REDACTED] on 05/06/2013. However, documentation of the patient's three month trial was not provided for review. Based on the clinical information received, the request is non-certified.