

Case Number:	CM13-0063553		
Date Assigned:	12/30/2013	Date of Injury:	01/07/2010
Decision Date:	05/16/2014	UR Denial Date:	11/22/2013
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 Physical Medicine & Rehabilitation, 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 45-year-old female who was injured on 01/07/2010 when her leg got sandwiched in between a pallet jack and palletizer while at work. Physical Therapy progress note dated 10/28/2013 documented the patient has been seen 8 times previously and an additional 6 through today for treatment of left knee/leg edema, pain/hypersensitivity. The patient is still working regularly and states she feels better overall. She has been using H-Wave at home and doing some stretching. She states she can do anything except kneel. She does feel the H-Wave has been most helpful. Objective findings on exam included examination of the right knee range of motion, flexion and extension within normal limits. Strength: flexion 5/5 with no pain, extension 5/5 with no pain. Palpation: very hypersensitive, inferior medial knee anserine bursa, no significant discomfort in the prepatellar area. The patient's gait is normal. The patient has full recovery with squat without assistance. The consultant status report dated 10/30/2013 documents the patient is overall much better with physical therapy and H-Wave. The pain has decreased and she is at regular work. Objective findings revealed a normal gait. There was tenderness and swelling in the left knee at pes bursa. There was good range of motion. Assessment: Left knee pes bursa. The treatment included H-Wave, Lidocaine patch, cream. Regular work, and home exercises.

IMR ISSUES, DECISIONS AND RATIONALES

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

A HOME H-WAVE DEVICE FOR 3 MONTHS: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 117.

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

Decision rationale: The MTUS Guidelines recommend following failure of initially recommended conservative care, including recommended physical therapy (i.e., exercise) and medications, plus transcutaneous electrical nerve stimulation (TENS). The medical records submitted for review do not document trial and failure of TENS unit. Based on the cited guidelines and criteria as well as the clinical documentation stated above, the request is not medically necessary.