

Case Number:	CM13-0065896		
Date Assigned:	01/03/2014	Date of Injury:	01/15/2013
Decision Date:	04/23/2014	UR Denial Date:	11/26/2013
Priority:	Standard	Application Received:	12/16/2013

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 and Rehabilitation and is licensed to practice in Illinois. 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 36-year-old male who reported an injury on 01/15/2013. The patient was reportedly injured after repeatedly stepping on and off of his work truck. The patient is currently diagnosed with internal derangement of the knee, knee pain, and medial meniscus tear. The patient was seen by [REDACTED] on 11/21/2013. Physical examination revealed improving range of motion, inability to fully squat without pain, improving edema, negative tenderness to palpation, and an antalgic gait. Treatment recommendations included continuation of physical therapy as well as a prescription for an H-wave unit for home use

IMR ISSUES, DECISIONS AND RATIONALES

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

THE REQUEST FOR DURABLE MEDICAL EQUIPMENT (H-WAVE UNIT);: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Tens Unit,H-Wave Page(s): 114-116,117.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines H-Wave Stimulation, (HWT) Page(s): 117-121.

Decision rationale: California MTUS Guidelines state H-wave stimulation is not recommended as an isolated intervention, but a one 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, the patient's physical examination only revealed an antalgic gait with an inability to fully squat. The patient demonstrated negative tenderness to palpation with less edema. The patient is actively participating in physical therapy. There is no documentation of a failure to respond to conservative treatment including therapy, medications, and TENS therapy. There is also no documentation of a treatment plan including the specific short and long-term goals of treatment with the H-wave unit. Based on the clinical information received, the request is non-certified