

Case Number:	CM13-0070656		
Date Assigned:	01/08/2014	Date of Injury:	07/09/2010
Decision Date:	08/06/2014	UR Denial Date:	11/27/2013
Priority:	Standard	Application Received:	12/26/2013

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. 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 applicant is a represented [REDACTED] employee who has filed a claim for chronic knee pain reportedly associated with an industrial injury of July 9, 2010. Thus far, the applicant has been treated with the following: Analgesic medications; NSAID therapy; earlier knee arthroscopy in January 2011; and transfer of care to and from various providers in various specialties. In a Utilization Review Report dated November 27, 2013, the claims administrator conditionally denied an H-Wave home device, stating that the attending provider had not furnished any recent progress notes within 60 days so as to support provision of the device in question. In a progress note of September 13, 2013, the applicant was described as reporting persistent complaints of knee and calf pain. The applicant was using Celebrex and Medi-Derm cream. It was stated that these medications were beneficial. Prilosec was being employed for stomach pain while Zoloft was being used to treat anxiety and depression, it was acknowledged. The applicant was concurrently seeing a psychiatrist, it was noted. 4/10 pain was noted with medication, 7/10 without medication. The applicant was not working, it was acknowledged, and was unemployed. The applicant did have comorbid dyslipidemia, hypertension, and diabetes, it was stated. [REDACTED] interpreter was used. The applicant was asked to follow up in four weeks. Celebrex and Medi-Derm cream were refilled. The applicant was given 15-pound lifting limitation, which was apparently not accommodated by the employer. It appears that the H-Wave device was later sought by the device vendor via request for authorization form dated July 12, 2013. Preprinted checkboxes were employed. It was not certain whether or not the attending provider had countersigned the vendor form.

IMR ISSUES, DECISIONS AND RATIONALES

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

HOME H-WAVE DEVICE: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

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

Decision rationale: As noted on page 117 of the MTUS Chronic Pain Medical Treatment Guidelines, H-Wave stimulation may be employed on a one-month trial basis in applicants with diabetic neuropathic pain and/or chronic soft tissue inflammation following failure of initially recommended conservative care, including physical therapy, exercises, medications, and a conventional TENS unit. In this case, however, the applicant is described as using first-line analgesic medications, including Celebrex, with reportedly good effect. The attending provider reported that the applicant's pain levels dropped from 7/10 without medications to 4/10 with medications. Celebrex was refilled. The applicant's ongoing, favorable usage of Celebrex, thus, effectively obviates the need for the proposed H-Wave device. Therefore, the request is not medically necessary.