

Case Number:	CM14-0001941		
Date Assigned:	01/22/2014	Date of Injury:	08/31/2010
Decision Date:	06/06/2014	UR Denial Date:	12/10/2013
Priority:	Standard	Application Received:	01/06/2014

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 Physicla Medicine and Rehabilitation, has a subspecialty in Pain Management, 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 34-year-old with date of injury August 31, 2010. The treating physician report dated July 16, 2013 indicates that the patient is a sheriff that is off work due to chronic pain affecting the left knee. The current diagnoses are left knee anterior cruciate ligament tear status post-surgical repair x 2, meniscus tear, and patellar tendonitis. The utilization review report dated December 10, 2013 denied the request for Purchase of a H-Wave device based on the rationale that the patient did not have a condition that required H-Wave usage.

IMR ISSUES, DECISIONS AND RATIONALES

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

PURCHASE OF A HOME H-WAVE DEVICE: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines H-WAVE STIMULATION.

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

Decision rationale: The patient presents with chronic moderate left knee pain with associated swelling with activities. The current request is for the purchase of a home H-Wave unit. There is a Primary Treating Physician's Progress Report Addendum dated November 26, 2013 that is recommending the Purchase/Indefinte Use of an H-Wave Homecare System. The treating

physician reports that a trial of H-Wave was given and continued use is recommended to build upon the positive effects obtained. The report submitted states, "Patient has reported a decrease in the need for oral medication due to the use of the H-Wave device." The patient also states, "I'm able to sleep so much better." The Chronic Pain Medical Treatment Guidelines recommend a trial of H-Wave for the treatment of chronic soft tissue inflammation. The Chronic Pain Medical Treatment Guidelines goes on to state, "Trial periods of more than one month should be justified by documentation submitted for review." In this case the treater has submitted documentation of decreased medication usage and improved ability to sleep as a result of H-Wave usage. There is justification to continue the usage of H-Wave. The purchase of a home H-wave device is medically necessary and appropriate.