

Case Number:	CM14-0002017		
Date Assigned:	01/24/2014	Date of Injury:	11/20/2012
Decision Date:	04/11/2014	UR Denial Date:	12/27/2013
Priority:	Standard	Application Received:	01/07/2014

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 Family Medicine, has a subspecialty in Preventive 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:

A 62 yr. old male claimant sustained an injury on 11/20/12 resulting in a left knee strain. He had received physical therapy, knee injections, TENS unit and work modifications to improve his symptoms. Due to persistent pain an MRI was performed which showed osteoarthritis and medial meniscus degeneration. He had undergone arthroscopy for repair of a left knee meniscal tear on 9/20/13. An examination report on 12/3/13 showed a normal left knee exam but continued pain. A treatment recommendation for Home H-wave therapy was made. An H-wave treatment note on 12/14/13 indicated improved range of motion after using H-wave.

IMR ISSUES, DECISIONS AND RATIONALES

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

ONE (1) MONTH OF RENTAL OF AN H-WAVE UNIT: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 13 Knee Complaints, Chronic Pain Treatment Guidelines H-Wave stimulation (HWT).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Transcutaneous electrotherapy Page(s): 114.

Decision rationale: In this case, there was no diagnosis of spasticity, CRPS, MS or phantom limb pain. Pain scale and treatment responses were also not noted after therapy was initiated.

Base on the guidelines above, the use of H-wave for the dates in question is not medically necessary