

Case Number:	CM14-0003186		
Date Assigned:	02/03/2014	Date of Injury:	03/10/2012
Decision Date:	06/20/2014	UR Denial Date:	12/23/2013
Priority:	Standard	Application Received:	01/09/2014

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 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 patient is an employee of [REDACTED] and has submitted a claim for sprain of the lumbar spine, knee, leg, and foot associated with an industrial injury date of March 10, 2012. Treatment to date has included knee bracing, NSAIDs, opioids, home exercise programs, physical therapy, acupuncture, and knee steroid injections. Medical records from 2013 were reviewed. The patient complained of persistent right knee pain. Physical examination showed antalgic gait, atrophy without strong effusion, tenderness about the medial joint line and patellofemoral joint, weakness of the quadriceps, and restricted range of motion all on the right knee.

IMR ISSUES, DECISIONS AND RATIONALES

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

HOME H-WAVE DEVICE PURCHASE: Overturned

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation MTUS: CHRONIC PAIN MEDICAL TREATMENT GUIDELINES , , 117-118

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation MTUS: CHRONIC PAIN MEDICAL TREATMENT GUIDELINES , 9792.24.2, 117-118

Decision rationale: According to the California MTUS Chronic Pain Medical Treatment Guidelines, H-wave therapy is not recommended as an isolated intervention, but a one-month home based trial H-wave stimulation may be considered as a noninvasive conservative option for chronic soft tissue inflammation if used as an adjunct to a program of evidence-based functional restoration, and only following failure of initially recommended conservative care, including recommended physical therapy and medications, plus transcutaneous electrical nerve stimulation (TENS). In this case, the patient was prescribed home H-wave on September 10, 2013 after failure of a trial of TENS unit. The patient also completed 32 sessions of physical therapy. As stated in the utilization review, dated 12/23/13, the patient underwent a 39-day trial of the H-wave unit and reported elimination of medication use. She likewise reported increased ability to do housework, activities of daily living, and family interaction. This is corroborated by the most recent progress report, dated 10/23/13, citing that patient manifested with increased strength, and range of motion of the right knee. The patient likewise reported a decrease in pain from 8/10 to 6/10. Furthermore, intake of Norco was discontinued because of noted improvements. As such, the request is medically necessary.