

Case Number:	CM14-0003189		
Date Assigned:	01/31/2014	Date of Injury:	02/21/2013
Decision Date:	06/24/2014	UR Denial Date:	12/10/2013
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 Orthopedic Surgery 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 injured worker is a 52-year-old male who reported an injury on 02/21/2013 after putting a piece of wood on a scaffold which reportedly caused injury to his left knee. The injured worker's treatment history included medications, a TENS unit, physical therapy, surgical intervention on 06/13/2013 followed by postoperative physical therapy and H-wave stimulation. The injured worker was evaluated on 11/22/2013. It was documented that the injured worker was having significantly decreased pain secondary to the H-wave unit use and no longer required oral medications. The injured worker's physical findings included mild tenderness to palpation of the anteromedial aspect of the knee with full extension and flexion described as 145 degrees. The injured worker's diagnoses included left knee oblique tear of the posterior horn of the medial meniscus, left knee capsular sprain, status post arthroscopic partial meniscectomy, and prepatellar tendon hematoma. The injured worker's treatment plan included continued use of an H-wave machine.

IMR ISSUES, DECISIONS AND RATIONALES

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

ADDITIONAL 3 MONTHS OF THE HOME H-WAVE DEVICE: Overturned

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 Page(s): 117.

Decision rationale: The clinical documentation supports that the H-Wave therapy was initiated for this patient on 10/16/2013 followed by an evaluation from the treating physician on 11/22/2013. The Chronic Pain Guidelines recommend the continuation of therapy based on a thirty (30) day trial that provides symptom relief and functional benefit. The injured worker has participated in thirty (30) days of therapy and has been able to discontinue all medications as well as return to work. As the therapy has produced significantly beneficial results continuation would be supported. As such, the requested three (3) additional months of the home H-wave device is medically necessary and appropriate.