

Case Number:	CM14-0004220		
Date Assigned:	02/05/2014	Date of Injury:	07/27/2010
Decision Date:	06/20/2014	UR Denial Date:	12/12/2013
Priority:	Standard	Application Received:	01/10/2014

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:

According to the records made available for review, this is a 47-year-old female with a 7/27/10 date of injury. At the time (11/12/13) of the request for authorization for H-wave purchase for low back/bilateral knees, there is documentation of subjective (persistent pain in both knees and low back) and objective (tenderness along medial and lateral epicondyles bilaterally, tenderness along the forearm on the left, tenderness along both knees, and pain and discomfort along the low back) findings, current diagnoses (internal derangement of the knee, lumbosacral sprain with radicular component and numbness along the left foot, trochanteric bursitis on the left, impingement syndrome and bicipital tendonitis, left wrist inflammation, element of depression, element of weight gain, and element of sleep issues), and treatment to date (medication, epidural steroid injections, and transcutaneous electrical nerve stimulation). There is no documentation of chronic soft tissue inflammation; the H-wave unit will be used as an adjunct to a program of evidence-based functional restoration, and only failure of physical therapy.

IMR ISSUES, DECISIONS AND RATIONALES

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

H-WAVE PURCHASE FOR LOW BACK/BILATERAL KNEES: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Chronic Pain Medical Treatment Guidelines, H-Wave Stimulation (HWT).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Chronic Pain Medical Treatment Guidelines Low Back Complaints Page(s): 117-118.

Decision rationale: Chronic Pain Medical Treatment Guidelines identifies that a one-month home-based trial of H-Wave stimulation may be considered as a noninvasive conservative option for chronic soft tissue inflammation 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 (i.e., exercise) and medications, plus transcutaneous electrical nerve stimulation (TENS). In addition, Chronic Pain Medical Treatment Guidelines identifies that the effects and benefits of the one month trial should be documented (as an adjunct to ongoing treatment modalities within a functional restoration approach) as to how often the unit was used, as well as outcomes in terms of pain relief and function. Within the medical information available for review, there is documentation of diagnoses of internal derangement of the knee, lumbosacral sprain with radicular component and numbness along the left foot, trochanteric bursitis on the left, impingement syndrome and bicipital tendonitis, left wrist inflammation, element of depression, element of weight gain, and element of sleep issues. In addition, there is documentation of failure of initially recommended conservative care, including medications, plus transcutaneous electrical nerve stimulation (TENS). However, there is no documentation of chronic soft tissue inflammation; the H-wave unit will be used as an adjunct to a program of evidence-based functional restoration, and only failure of physical therapy. Therefore, based on guidelines and a review of the evidence, the request for H-wave purchase for low back/bilateral knees is not medically necessary.