

Case Number:	CM14-0009144		
Date Assigned:	02/14/2014	Date of Injury:	03/01/2003
Decision Date:	06/25/2014	UR Denial Date:	01/02/2014
Priority:	Standard	Application Received:	01/23/2014

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 Physical Medicine & Rehabilitation has a subspecialty in Neuromuscular Medicine and is licensed to practice in Maryland. 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 reported a work injury dated 3/1/03. He is status post failed right total knee replacement revision on 8/7/13 and is status post left total knee replacement on 1/16/14 for osteoarthritis. There is a request for the medical necessity of a home H wave device. There is an 8/22/13 physician document that states that since the surgery the patient has moderate pain near the distal aspect of his femur. Pain is intermittent and worse with walking. Also pain is present during rest. He currently takes Norco 10/325 mg for pain relief and is running low on his medication. He denies fevers or systemic complaints. He currently uses a walker for assistance with ambulation. He has been doing home physical therapy and feels that his strength and range of motion have been improving. He also does the CPM machine and is able to get to 120 degrees of flexion and 0 degrees of extension with the use of the CPM machine. On examination the right knee range of motion is 0 to 100 degrees. The patient is neurovascularly intact with soft distal compartments. There is mild quad tenderness. There are 2+ effusions. The incisions are healing.

IMR ISSUES, DECISIONS AND RATIONALES

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

DURABLE MEDICAL EQUIPMENT: HOME H-WAVE DEVICE: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines MTUS Chronic Pain Guidelines. . Decision based on Non-MTUS Citation MTUS: CHRONIC PAIN GUIDELINES.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines H-wave stimulation (HWT) Page(s): 118.

Decision rationale: Per guidelines the H-wave is recommended only following failure of initially recommended conservative care, including recommended physical therapy (i.e., exercise) and medications, plus transcutaneous electrical nerve stimulation (TENS). The documentation does not indicate failure of physical therapy or documented use and failure of TENS. The request for a home H-wave device is not medically necessary.