MAXIMUS Federal Services

Case Number:	CM14-0009768		
Date Assigned:	04/09/2014	Date of Injury:	04/11/2012
Decision Date:	06/30/2014	UR Denial Date:	12/26/2013
Priority:	Standard	Application Received:	01/27/2014

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, 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 29-year-old male who reported an injury on 04/11/2012. The mechanism of injury was not provided within the documentation. The injured worker was seen on 02/12/2014 for a physical therapy session. The progress note indicated a primary diagnosis of chondromalacia of patella. The injured worker noted he had been performing his exercises at home and he felt he was doing well. The provider noted the injured worker had increased strength with bilateral weight-bearing, flexion and extension patterns, therapy bike, squats, and weight shifting. Exercises were given for a home exercise program. The injured worker presented with left knee and ankle pain, lacked bilateral lower extremity strength and had decreased weight-bearing due to pain. It was noted that there was some improvement in neuromuscular control. The injured worker had fewer tremors with eccentric exercise. Some improvement was seen with weight shifting after therapy; however, the injured worker still had significant subjective complaints of pain with weight-bearing. The injured worker was still limited with progress due to pain with weight-bearing but would benefit from physical therapy in conjunction with an alternative form of treatment. The treatment plan was to continue with physical therapy 2 times per week for 3 to 4 more weeks with an alternative form of treatment. The request for authorization for medical treatment was not included in the documentation submitted for this review. The rationale was not provided within the medical records.

IMR ISSUES, DECISIONS AND RATIONALES

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

PURCHASE OF A H-WAVE UNIT: Upheld

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) 117-118. Page(s): 117,118.

Decision rationale: The request for a purchase of an H-wave unit is non-certified. The California MTUS Chronic Pain Medical Treatment Guidelines indicate H-wave stimulation is not recommended. H-wave stimulation may be considered as a non-invasive 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. This includes recommended physical therapy and medications, plus transcutaneous electrical nerve stimulation. The guidelines note a one-month HWT trial may be appropriate to permit the physician and provider licensed to provide physical therapy to study the effects and benefits, and it 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. Rental would be preferred over purchase during this trial. The documentation does not indicate the injured worker has a diagnosis of neuropathic pain. The documentation does not indicate the injured worker has failed conservative therapy including physical therapy, medications and TENS. The documentation did not indicate a one month trial had been provided. Therefore, the request for purchase of an H-wave unit is non-certified