

Case Number:	CM14-0016837		
Date Assigned:	04/11/2014	Date of Injury:	07/25/2011
Decision Date:	05/29/2014	UR Denial Date:	02/06/2014
Priority:	Standard	Application Received:	02/10/2014

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 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 a 59 year old male who was injured on 07/25/2011. The mechanism of injury is unknown. Prior treatment history has included Supartz booster and a TENS unit. A PR2 dated 02/03/2014 states the patient rates his pain today in the right knee 2.5/10. He received an authorization for continued rental versus purchase of an H-wave but for a "modified rental" from 01/16/2014 thru 02/16/2014. The patient has been using an H-wave twice daily for 15 minutes each time and reports his pain level dropping by 4 pain points for 8 hours with each session. The patient can now climb stairs readily and can stand for 45 minutes when before the H-wave, the patient could only stand for 15 minutes. The patient is no longer taking Ibuprofen 600 mg since the use of the H-wave. He also uses Medrox ever other day now rather than every day since the use of H-wave. He continues to do self therapy at home twice daily. He reports walking 5x weekly at night. He is also icing when needed. He is currently using Medrox once weekly. He has discontinued the use of Ibuprofen. Objective findings on exam revealed positive anterior medial joint line pain right knee with G2 crepitus and pain on compression of patella femoral joint. Range of motion on the right is 0-135; on the left is 0-145. The right knee flexes to 145 after an H-wave session. Diagnosis is OA of the knee and IDK of the knee. The treatment plan is to continue with self therapy within functional restoration program. He is given Medrox. A PR2 dated 12/02/2013 reports the patient rates his pain in the right knee as 3.5/10. The patient has been using an H-wave twice daily for 15 minutes each time. The patient has also been able to reduce Ibuprofen from 2 per day to 5 tabs per week. He is taking Ibuprofen 600 mg prn and Medrox applied daily. A PR2 dated 11/06/2013 reports the patient's right knee pain is rated at 5/10. The patient states that when he walks for extended periods of time, his knee swells and becomes painful. A PR2 dated 10/15/2013 reports a TENS unit was provided but no pain

reduction was achieved for any length of time. The patient would like to try the H-wave device. The right knee pain is rated as 5/10.

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: Decision based on MTUS Chronic Pain Treatment Guidelines H-Wave Stimulation (HWT).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Transcutaneous Electrical Nerve Stimulation Page(s): 114-8.

Decision rationale: This is a request for H-wave device purchase for a 59 year old male patient with chronic right knee pain. The patient did a one-month H-wave device trial. Medical records provided for review document frequency of use and beneficial outcomes in terms of reduction in medication use and an increase in functional abilities. The patient continues to participate in home exercises. Medical necessity is established. The request is medically necessary and appropriate.