MAXIMUS Federal Services

Case Number:	CM14-0018559		
Date Assigned:	04/18/2014	Date of Injury:	08/02/2004
Decision Date:	06/30/2014	UR Denial Date:	01/17/2014
Priority:	Standard	Application Received:	02/13/2014

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 Illinois. 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 55-year-old female who reported an injury on 08/02/2004. The mechanism of injury was a physical assault. The injured worker had a video arthroscopy, left knee, arthroscopic meniscectomy, chondroplasty lateral compartment, and lateral compartment synovectomy on 09/04/2013 and underwent physical therapy postoperatively. The documentation of 12/16/2013 by way of physical therapy re-evaluation revealed the injured worker was showing improvement to her right knee with range of motion and pain had decreased. It was indicated the injured worker was able to perform her personal care but was unable to walk over 30 minutes. The documentation of 12/12/2013 revealed the injured worker had no knee tenderness. The request was made for 18 additional sessions for the knee, an H-Wave unit, and shockwave therapy.

IMR ISSUES, DECISIONS AND RATIONALES

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

H-WAVE DEVICE, QTY: 1.00: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines H-WAVE STIMULATION.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines H-WAVE Stimulation Page(s): 117.

Decision rationale: The California MTUS Guidelines do not recommend H-Wave stimulation as an isolated intervention; however, it is recommended for a 1 month trial for neuropathic pain or chronic soft tissue inflammation if it is used as an adjunct to a program of evidence-based restoration and only following the failure of initially recommended conservative care including physical therapy, medications, and a transcutaneous electrical nerve stimulation. The clinical documentation submitted for review failed to provide documentation of the above criteria. The request as submitted failed to indicate whether the unit was for purchase or rental. The request as submitted failed to indicate the body part to be treated. Given the above, the request for H-Wave device, (qty: 1.00) is not medically necessary.

PHYSICAL THERAPY RIGHT KNEE, QTY: 18.00: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG-TWC) Web, Knee Chapter, Physical Medicine Guidelines

MAXIMUS guideline: Decision based on MTUS Postsurgical Treatment Guidelines Page(s): 24.

Decision rationale: The California MTUS Postsurgical Guidelines indicate that the treatment for a tear of a medial/lateral cartilage/meniscus of the knee, indicate postsurgically the treatment is 12 visits. The clinical documentation submitted for review failed to provide the quantity of sessions that were previously attended. There was a lack of documentation of objective functional benefits that were received and objective functional deficits that remained to support the necessity for further therapy. The request would exceed Guideline recommendations. Given the above and the lack of documentation of exceptional factors to warrant non-adherence to Guideline recommendations, the request for physical therapy right knee, for 18 sessions is not medically necessary.