

Case Number:	CM14-0110140		
Date Assigned:	09/16/2014	Date of Injury:	02/16/2012
Decision Date:	10/22/2014	UR Denial Date:	06/18/2014
Priority:	Standard	Application Received:	07/15/2014

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 and 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:

This injured worker is a 58 year old female with a reported date of injury of February 16, 2012. The mechanism of injury and occupation were not indicated in the provided documentation. A diagnosis was of pain in the joint involving the lower leg (719.46). The primary treating physician progress report, dated October 31, 2013, indicates that the injured worker had continued pain in right knee and left knee/leg. The treating physician recommends that the injured worker remain off work for six weeks. The treatment plan that was completed by an additional treating physician, on October 31, 2013, recommends physical therapy (PT) once per week for six weeks for the right and left knees and requests an H-Wave unit. No other clinical documentation was provided with this case. A Utilization Review report, dated June 18, 2014, indicates the injured worker had left knee surgery on May 10, 2014. As of May 22, 2014, she had left knee pain and was scheduled to start therapy the next day. An H-Wave unit was prospectively requested for use from May 22, 2014 through September 15, 2014 along with one orthopedist follow-up. Her work status, as of Utilization Review report date, not indicated. A prior utilization review denied request for an H-Wave unit (through [REDACTED]) on June 18, 2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

H-Wave unit (through [REDACTED]): Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 13 Knee Complaints, Chronic Pain Treatment Guidelines Page(s): 341.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines 8 C.C.R. 9792.20 - 9792.26; MTUS (Effective July 18, 2009) Page(s): 117-118 OF 127.

Decision rationale: According to the CA MTUS guidelines, H-Wave is not recommended as an isolated intervention, but a one-month home-based trial of H-Wave stimulation may be considered as a noninvasive conservative option for diabetic neuropathic pain, or chronic soft tissue inflammation if used as an adjunct to a program of evidence-based functional restoration, and only following failure to respond to conventional therapy, including physical therapy, medications, and TENS. In this case, the medical records do not document the above criteria being met. Therefore, the request is not medically necessary.