MAXIMUS Federal Services

Case Number:	CM14-0117230		
Date Assigned:	08/06/2014	Date of Injury:	03/31/2012
Decision Date:	09/22/2014	UR Denial Date:	07/01/2014
Priority:	Standard	Application Received:	07/25/2014

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 Interventional Spine 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 39 year-old female with the date of injury of 03/31/2012. The patient presents with pain in her right knee. The patient complains of numbness on the anterolateral aspect of the right knee with constant swelling. The patient complains of cracking, popping, giving way of the right knee. She does not report locking in her right knee. According to AME, [redacted] reports on 07/25/2014 diagnostic impressions are: 1) Internal derangement right knee with early osteoarthritis 2) Patellofemoral malalignment and general synovitis (S/P right knee arthroscopic chondroplasty, 08/06/20123) Closure of synovial cutaneous fisula irrigation and debridement , Closure of synovial cutaneous fistula and plica resection, 10/04/20124) S/P right knee arthroscopic synovial biopsy, 07/01/20135) S/P viscosupplementation treatment 6) S/P anterior medialization of the right tibial tubercle, 02/06/2014 The utilization review determination being challenged is dated on 07/01/2014. [redacted] is the requesting provider, and he provided treatment reports on 01/19/2014 to 07/15/2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

Home H-wave purchase: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Transcutaneous electrotherapy.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines H-wave stimulation (HWT) Page(s): 117,118.

Decision rationale: The patient presents pain and weakness in her right knee. The patient is status post multiple right knee surgeries, including arthroscopic chondroplasty. The request is for home H-wave unit purchase. MTUS guidelines recommend rent H-Wave stimulation after one-month H-Wave successful trail as long as how often the unit was used as well as outcomes in terms of pain relief and function is documented. [redacted] report on 07/15/2014 indicates that the patient tried H-wave from 04/22/2014 to 05/06/2014, 4 times a day, 7 days a week, 30-45 minutes per session. The patient reports "a decrease in the need for oral medication, the ability to perform more activity and greater overall function; more housework, sleep better, stand longer, more family interaction." [redacted] requests H-wave purchase and prescribes 2 times a day and 30-60 minutes per treatment as needed. In this case, while the provider indicates pain and functional benefit, the actual review of the reports show that the patient continues to depend on on-going treatments as therapy is being requested. More importantly, one cannot tell that the patient is taking less medications. In fact, the provider is now prescribing Norco, an opiate to address the patient's pain while making the statement that H-wave helps with medication reduction. It is unclear that the patient has benefitted from H-wave use. Therefore, this request is not medically necessary.