

Case Number:	CM14-0132478		
Date Assigned:	08/22/2014	Date of Injury:	12/11/1993
Decision Date:	10/01/2014	UR Denial Date:	07/28/2014
Priority:	Standard	Application Received:	08/19/2014

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 Emergency Medicine and Fellowship Trained in Emergency Medical Services and is licensed to practice in Texas. 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 62 year old female who reported injury on 12/11/1993. The mechanism of injury was not provided. The injured worker had diagnoses of chronic pain syndrome neuropathic, pain to joint lower leg, RSD (reflex sympathetic dystrophy), chronic pes bursitis, and status post joint replacement of both knees. Past treatment included medications, physical therapy, and pool therapy twice a week for six weeks, H-wave therapy. Diagnostic testing included x-rays of the bilateral knees 03/06/2014. The injured worker underwent knee arthroplasty of the bilateral knees, the left knee on 06/15/2006 and the right knee on 02/01/2007. The injured worker continued to report pain to the bilateral knees on 05/20/2014. The physical examination revealed allodynia to the bilateral knees and an antalgic gait. Medications included Lidocaine 0.5% topical gel, Nucynta 50mg, Flector 1.3% transdermal patch, Lidoderm 5% patch, Lyrica, fentanyl 25mcg patch. The treatment plan was for an H-wave unit. The rationale for the request was not provided. The request for authorization form was submitted 07/17/2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

H-wave unit: 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): 117-118.

Decision rationale: The request for H-wave unit is not medically necessary. The injured worker underwent right knee arthroscopy on 10/30/2013. The injured worker complained of continuous bilateral knee pain. The California MTUS guidelines note the "use of H-wave stimulation 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 of initially recommended conservative care, including recommended physical therapy, and medications, plus transcutaneous electrical nerve stimulation (TENS). Prior to a one month trial the guidelines recommend there must be documentation of pain and there should be evidence that other appropriate pain modalities have been tried (including medication) and failed." The injured worker has participated in physical therapy and has had H-wave treatment. There is no clinical documentation indicating the H-unit is being used to treat diabetic neuropathic pain or chronic soft tissue inflammation. There is a lack of documentation indicating the injured worker has failed treatment with a TENS unit. There is a lack of documentation indicating the injured worker has completed a one month home based H-wave trial with documentation demonstrating the efficacy of the unit as well as detailing how often the unit was used. Therefore the request for H-wave is not medically necessary.