

Case Number:	CM14-0140141		
Date Assigned:	09/08/2014	Date of Injury:	10/02/2012
Decision Date:	10/03/2014	UR Denial Date:	08/25/2014
Priority:	Standard	Application Received:	08/29/2014

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:

According to the records made available for review, this is a 53-year-old female with a 10/2/12 date of injury, and status post right carpal tunnel release 1992. At the time (8/25/14) of request for authorization for H-Wave device, there is documentation of subjective complaints include pain, and impaired activities of daily living; bilateral knee pain with popping and locking. Objective findings include bilateral knee swelling, medial joint line pain. The current diagnoses are bilateral knee sprain. Treatment to date includes activity modification, medications, physical therapy, TENS, and use of H-wave unit. On 6/3/14 H-wave patient compliance and outcome report identifies, 98 days of use of H-wave, 2 times per day for 45 minutes with 40% improvement; unspecified decrease in medication use; and increased daily activities with the use of H-wave. There is no documentation of a specific decrease in medication use and that the H-wave is used as an adjunct to ongoing treatment modalities within a functional restoration approach.

IMR ISSUES, DECISIONS AND RATIONALES

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

H-Wave Device: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Neuromuscular Electrical Stimulation Page(s): 121.

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

Decision rationale: MTUS Chronic Pain Medical Treatment Guidelines identifies that a one-month home-based trial of H-Wave stimulation may be considered as a noninvasive conservative option for chronic soft tissue inflammation 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 (i.e., exercise) and medications, plus transcutaneous electrical nerve stimulation (TENS). In addition, MTUS Chronic Pain Medical Treatment Guidelines identifies that the effects and benefits of the one month trial should be documented (as an adjunct to ongoing treatment modalities within a functional restoration approach) as to how often the unit was used, as well as outcomes in terms of pain relief and function. Within the medical information available for review, there is documentation of diagnosis of bilateral knee sprain. In addition, there is documentation of a 6/3/14 H-wave patient compliance and outcome report that identifies 98 days of use of H-wave, 2 times per day for 45 minutes with 40% improvement, unspecified decreased in medication use, and increased daily activities with the use of H-wave. However, there is no documentation of a specific decreased in medication use and that the H-wave is used as an adjunct to ongoing treatment modalities within a functional restoration approach. Therefore, based on guidelines and a review of the evidence, the request for H-Wave device is not medically necessary