

Case Number:	CM14-0143537		
Date Assigned:	09/12/2014	Date of Injury:	07/01/2011
Decision Date:	11/05/2014	UR Denial Date:	08/27/2014
Priority:	Standard	Application Received:	09/04/2014

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:

The injured worker is a 59-year-old male who reported an injury on 07/13/2011 due to an unspecified cause of injury. The injured worker complained of left knee pain. The injured worker had a diagnosis of an old bucket left knee injury, left knee sprain. The x-ray of the left knee dated 02/28/2013 revealed degenerative joint disease status post left arthroscopy to the left knee. The past treatments included medication and H wave unit. The physical findings dated 08/21/2014 of the left knee revealed a well-healed scar with pain and tenderness to the medial joint line, patellofemoral and the lateral joint line with flexion 125 degrees and extension 0 degrees with pain at the patellofemoral, also increased pain with the medial joint line. The objective/subjective findings revealed the injured worker was using an H wave unit at home with a reported decrease in need for oral medication and ability to perform activities and overall function. The treatment plan included an H wave unit. The request for authorization dated 09/12/2014 was submitted with documentation.

IMR ISSUES, DECISIONS AND RATIONALES

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

H-wave device purchase: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines H-Wave Page(s): 117.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines H-wave stimulation (HWT) Page(s): 11.

Decision rationale: The request for H-wave device purchase is not medically necessary. The California MTUS Guidelines do not recommend the H wave stimulation as an isolated intervention, but a once a 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 in conjunction to a program of evidence based functional restoration and only following failure of initially recommended conservative care, including recommended physical therapy and medication plus transcutaneous electrical nerve stimulation. The clinical notes were not evident that the injured worker had failed conservative care, medication, or had attempted transcutaneous electrical nerve stimulation. The clinical notes dated 08/06/2014 indicated the injured worker had decreased his pain medication, oral medication, after the use of an H wave device; however, the documentation was not evident that the injured worker was taking any medications per the 08/06/2014 office visit. The 05/30/2014 office visit also was not evident that the injured worker had been taking any medications. The provider did not provide documentation indicating which medications were decreased. The documentation also indicated that the injured worker was prescribed Relafen however because of concerns of liver condition the medication was not taken. As such, the request is not medically necessary.