

Case Number:	CM14-0151747		
Date Assigned:	09/19/2014	Date of Injury:	06/27/2011
Decision Date:	12/05/2014	UR Denial Date:	08/12/2014
Priority:	Standard	Application Received:	09/17/2014

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 Family 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:

This is a 48-year-old male patient who reported an industrial injury on 6/27/2011, over three (3) years ago, attributed to the performance of his usual and customary job duties. The patient underwent arthroscopic partial meniscectomy during September 2011. The patient has been treated with medications and conservative care postoperatively. The patient has received viscosupplementation for the need. The patient was noted to have had a one-month trial of an H wave muscle stimulator; however, there was no demonstrated sustained functional improvement. The treatment plan included the purchase or indefinite use of the home H wave muscle stimulator directed to the bilateral knees.

IMR ISSUES, DECISIONS AND RATIONALES

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

Purchase/indefinite use of home H-Wave Device for the bilateral Knees: Upheld

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

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 300, 189, Chronic Pain Treatment Guidelines H-wave stimulation Page(s): 117-118. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low back chapter -H-wave stimulation devices; Pain chapter H-wave stimulation devices

Decision rationale: Treatment of the Knee with an H-wave muscle stimulator is not supported with objective evidence and is not consistent with recommendations of the CA MTUS. The CA MTUS only recommends a 30 trial of treatment with an H-wave device as follows: "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 (Julka, 1998) (Kumar, 1997) (Kumar, 1998) 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 (i.e., exercise) and medications, plus transcutaneous electrical nerve stimulation (TENS)." There are no evidence based guideline recommendations for the H wave muscle stimulator for rehabilitation of the knee postoperatively or for osteoarthritis of the knee. The patient's Knee pain is being evaluated and treated orthopedically. There is no demonstrated medical necessity for the use of the H wave muscle stimulator over three years status post-date of injury. The provider did not provide subjective/objective evidence to support the medical necessity of the H-wave Unit for the treatment of the patient's pain issues over the recommended participation in a self-directed home exercise program. There is no documentation of failed conservative care; chronic soft tissue inflammation; diabetic neuropathic pain; or participation in HEP. There is no provided functional improvement documented by the requesting provider and there is no objective evidence provided that the use of the H-wave muscle stimulator is medically necessary over a self-directed home exercise program. It is not clear that the requested H-Wave device would be used as an adjunct to a program of functional restoration or that ongoing conservative care. The patient does not meet the criteria recommended by evidence-based guidelines for the use of H-wave devices for the treatment of the Knee pain. The treatment of chronic Knee pain with H-wave stimulation is not recommended by the CA MTUS; the ACOEM Guidelines, or the Official Disability Guidelines. There is no objective evidence provided to support the medical necessity of H-wave stimulator over a TENS unit or a self-directed home exercise program. The CA MTUS recommends the H-wave unit for the treatment of diabetic neuropathic pain and not for osteoarthritis of the knee. The ACOEM Guidelines state there is "insufficient evidence" to support the use of the H-wave stimulator for treatment of acute or chronic pain. The requested DME is not directed to a diabetic neuropathy or a chronic soft tissue inflammation as recommended by the CA MTUS or the Official Disability Guidelines. The medical documentation submitted demonstrates that the patient does not meet the criteria recommended by evidence-based guidelines for the use of H-wave devices. The purchase or indefinite use of the H-wave muscle stimulator unit for treatment of chronic bilateral knee pain is not consistent with the applicable guidelines and is not demonstrated to be medically necessary.