

Case Number:	CM14-0152009		
Date Assigned:	09/23/2014	Date of Injury:	06/03/2011
Decision Date:	10/23/2014	UR Denial Date:	09/08/2014
Priority:	Standard	Application Received:	09/12/2014

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 65-year-old female who reported an injury on 06/03/2011. The mechanism of injury was not submitted for clinical review. Diagnoses included pain in joint lower leg, status post tricompartmental chondroplasty and meniscectomy, FLAP tear, minimal knee effusion, medial knee joint chondromalacia. Previous treatments included medication, physical therapy, and H-wave. Within the clinical note dated 08/22/2014 it was reported the injured worker complained of left knee pain. He rated his pain at 7/10 in severity without the use of the H wave. On the physical examination, the provider noted the injured worker to be alert and oriented with normal muscle tone in the upper and lower extremities. There was swelling observed on the physical exam of the lower extremities. The provider requested the purchase of the H wave for left knee pain. The request for authorization was submitted and dated 08/28/2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

Purchase of H-Wave Machine: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Transcutaneous Electrotherapy Page(s): 114.

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

Decision rationale: The request for the purchase of an H wave machine is not medically necessary. The California MTUS Guidelines do not recommend the H wave as an isolated intervention. It 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 after failure of initially recommended conservative care, including recommended physical therapy and medication, plus transcutaneous electrical nerve stimulation. In a recent retrospective study suggesting the effectiveness of the H wave device, the patient selection criteria included physician documented diagnosis of chronic soft tissue injury or neuropathic pain in the upper or lower extremities. The medical documentation does not address any numbness or muscle weakness to suggest neuropathic pain. Additionally, there is a lack of clinical documentation of a failure of conservative treatment including a TENS unit. In addition, the request submitted failed to provide the treatment site. Therefore, the request is not medically necessary.