

Case Number:	CM14-0157912		
Date Assigned:	10/01/2014	Date of Injury:	10/31/2013
Decision Date:	10/28/2014	UR Denial Date:	09/02/2014
Priority:	Standard	Application Received:	09/26/2014

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:

Injured worker is a male with date of injury October 31, 2013. Per primary treating physician's progress report dated August 19, 2014, the injured worker reports physical therapy as helped 65%. He is able to tolerate more than before. He still has some weakness with going up stairs more than going down stairs. Supartz helped left knee. On examination there is weakness, 4-/5, right VMO/quad. Right knee range of motion 0-120 degrees with improved patella tracking. Diagnoses include 1) posterior horn tear, right lateral meniscus (status post right knee arthroscopy on February 12, 2014) 2) mild lateral patellar subluxation.

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 (HWT) Page(s): 171-172.

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

Decision rationale: The Chronic Pain Medical Treatment Guidelines do not recommend the use of H-wave stimulation as an isolated intervention. A one-month home-based trial of H-wave stimulation may be considered as a noninvasive conservative option for 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 physical therapy and medications, plus transcutaneous electrical nerve stimulation. There is no indication that the injured worker has failed conservative care, including physical therapy and medications, plus transcutaneous electrical nerve stimulation. Therefore, the request for an H-Wave unit is not medically necessary or appropriate.