

Case Number:	CM14-0175190		
Date Assigned:	10/29/2014	Date of Injury:	08/02/2011
Decision Date:	12/05/2014	UR Denial Date:	10/14/2014
Priority:	Standard	Application Received:	10/23/2014

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 & Rehabilitation, has a subspecialty in Interventional Spine 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 patient is a 59 year old male with date of injury 8/2/11. The treating physician report dated 10/4/11 indicates that the patient presents with pain affecting the left knee, ankle and foot pain. On 2/25/13 the patient presented with left knee pain rated a 6/10. The physical examination findings on 3/25/13 reveal that the patient is 6'4" and weighs 271 lbs. Prior treatment history states that the patient is s/p left knee surgery on 1/20/12. The current diagnoses are: 1. Contusion of ankle 2. Contusion of knee 3. Tear of medial meniscus The utilization review report dated 10/14/14 denied the request for E1399 H-Wave A4556 electrodes per pair A4558 conductive paste or gel based on the rationale that the request was for retrospective usage of electrodes and gel from 12/13/11 through 9/5/14 with no documentation of H-wave usage or effectiveness.

IMR ISSUES, DECISIONS AND RATIONALES

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

H-wave, electrodes per pair and conductive paste or gel: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines CHRONIC PAIN MEDICAL TREATMENT GUIDELINES Page(s): 113-121.

Decision rationale: The patient presents with chronic left knee pain rated a 5-6/10 following surgery on 1/20/12. The treating physician report dated 3/25/13 states for Treatment Plan, "Continue Nortrypteline 25mg, continue losing weight (lost 30+lbs) and continue HEP." There is nothing in the medical records provided to indicate that the patient is using an H-wave unit or TENS unit. The MTUS guidelines do recommend home usage of TENS units and H-Wave units when specific criteria are met. The ongoing recommendation of these units requires continued documentation of functional improvement to justify continued usage. Ongoing authorization for supplies for these types of machines requires documentation of the effects of the home units. In this case there is no information provided when the home unit was prescribed, how long it was used, how often it was used, functional effects of usage or any improvement with usage. Without proper documentation this request is not supported by MTUS. Therefore the request is not medically necessary.