

Case Number:	CM14-0179428		
Date Assigned:	11/03/2014	Date of Injury:	05/12/2012
Decision Date:	12/24/2014	UR Denial Date:	10/08/2014
Priority:	Standard	Application Received:	10/29/2014

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 Internal medicine and is licensed to practice in Maryland. 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 employee was a 45 year old female who sustained an industrial injury on 05/10/12. She had a history of knee arthroscopic meniscectomy done on 09/28/12 and left anterior cruciate ligament reconstruction on 11/06/12. Prior treatment included knee surgery, medications and physical therapy. The employee had used TENS in past without relief and had used H wave unit from 07/29/14 to 09/16/14 for trial purpose with improvement. The progress note from 10/09/14 was reviewed. Symptoms included left knee pain that was stable. Impression included knee MM and sprain/strain of cruciate ligament of knee. The request was for home H wave therapy.

IMR ISSUES, DECISIONS AND RATIONALES

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

H-wave unit: Overturned

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

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

Decision rationale: According to Chronic Pain Medical Treatment guidelines, one month trial of H wave stimulation is recommended for diabetic neuropathy and chronic soft tissue inflammation if used as an adjunct to a program of evidence based functional restoration, and

only following a failure of initially recommended conservative care, including recommended physical therapy and medications, plus TENS. The employee had failed conservative care and had reportedly failed to improve with TENS. It appears that the employee had benefit during the trial of H wave therapy. The request for one purchase of H wave unit is medically necessary and appropriate.