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| Case Number: | CM14-0023645 | | |
| Date Assigned: | 05/12/2014 | Date of Injury: | 02/16/2012 |
| Decision Date: | 08/07/2014 | UR Denial Date: | 01/30/2014 |
| Priority: | Standard | Application Received: | 02/24/2014 |

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:

The patient is a 58-year-old female who has submitted a claim for left knee internal derangement, right knee sprain/strain associated with an industrial injury date of 02/16/2012. Medical records from 06/26/2012 to 03/13/2014 were reviewed and showed that patient complained of left knee pain graded 7-10/10 with no associated numbness or radiation. There was complaint of constant right knee pain 7-10/10 with no associated numbness or radiation. Physical examination revealed no tenderness or swelling of bilateral knees. MMT, DTRs, and sensation to light touch were intact. Stability tests were positive on both knees. McMurray's test was positive on the left knee. MRI of the left knee dated 09/19/2013 revealed degeneration of the medial meniscus, mild chondral thinning in patellofemoral compartment, and minimal fluid within joint capsule. MRI of the right knee dated 06/06/2012 revealed medial compartment osteoarthritic changes and degeneration of medial meniscus and chondromalacia patella. MRI of the left knee dated 06/06/2012 revealed chondromalacia/ osteoarthritis in patellofemoral and medial compartments, partial tear/strain of ACL, minimal joint effusion and synovitis. X-ray of the right knee dated 03/21/2012 revealed loss of medial knee joint space and chondromalacia patella, degenerative joint disease and right knee enthesopathy. Treatment to date has included right knee arthroscopic surgery (11/03/2012), physical therapy, the use of a TENS unit, acupuncture, massage, and pain medications. Utilization review, dated 01/30/2014, denied the request for 1 home h-wave device (through [REDACTED]) because the guidelines do not recommend H wave as an isolated intervention.

IMR ISSUES, DECISIONS AND RATIONALES

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

1 HOME H-WAVE DEVICE (THROUGH [REDACTED]): Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines CHAPTER H-WAVE STIMULATION.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines H-wave stimulation Page(s): 117-120.

Decision rationale: According to pages 117-120 of CA MTUS Chronic Pain Treatment Guidelines, H-Wave stimulation is not recommended as a primary treatment modality, but a one-month home-based H-Wave stimulation trial may be considered as a noninvasive conservative option for diabetic neuropathic pain or chronic soft tissue inflammation. It should be 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). A one month trial period of the H-wave stimulation unit should be documented (as an adjunct to ongoing treatment modalities within a functional restoration approach) with documentation of how often the unit was used, as well as outcomes in terms of pain relief and function. In this case, there has been previous H wave use for 35 days between 02/06/2014 and 03/13/2014. The frequency of use was 2 treatments per day for 30-45 minutes which provided 30% pain reduction and improvement in sleep. However, there has been no documentation of active participation in a functional restoration program, which is a mandatory adjunct for H-wave therapy. There has been no documentation of failure in functional outcome as well with previous PT and TENS therapy. Furthermore, the request likewise failed to mention the specific body part to be treated. Therefore, the request for 1 home H-wave device (through [REDACTED]) is not medically necessary.