

Case Number:	CM14-0026710		
Date Assigned:	06/13/2014	Date of Injury:	08/14/2009
Decision Date:	07/16/2014	UR Denial Date:	02/26/2014
Priority:	Standard	Application Received:	03/03/2014

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 Orthopaedic Surgery and is licensed to practice in Mississippi. 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 70 year old male injured in August 14, 2009. The mechanism of injury was noted as a slip and fall event. The most recent progress note, dated February 5, 2014, indicated that there were ongoing complaints of left knee pain. The physical examination demonstrated full extension and 100 of flexion. There was no gross instability on muscle testing noted. Diagnostic imaging studies were referenced; however, the exact radiology reports were not presented for review. Previous treatment included multiple medications, arthroscopic surgery and postoperative rehabilitation. A request had been made for an H wave device and was not certified in the pre-authorization process on February 26, 2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

PURCHASE OF HOME H-WAVE DEVICE: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines H-Wave Stimulation Page(s): 117-118.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 117-118.

Decision rationale: The records reflect that a trial of this device has been made during the physical therapy treatments. However, there was no competent, objective and independently

confirmable medical evidence presented demonstrating any efficacy or utility of this device. This is an individual who has an ordinary disease of life degenerative osteoarthritis, which is not amenable to such interventions. Therefore, when noting the date of injury, the pathology noted, the surgical interventions completed and requirements for such a device as outlined in the Chronic Pain Medical Treatment Guidelines, there is insufficient clinical data presented to support this request. This request is not medically necessary.