

Case Number:	CM14-0028619		
Date Assigned:	06/16/2014	Date of Injury:	07/09/2010
Decision Date:	08/08/2014	UR Denial Date:	02/12/2014
Priority:	Standard	Application Received:	03/06/2014

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 and Pain Management, 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 62-year-old male with a date of injury of 07/09/2010. The 33 pages of records provided do not include any progress reports or QME (qualified medical exam) reports that would document the patient's current diagnoses, physical complaints, and physical examination. According to the UR report dated 02/12/2014, the patient sustained injuries to both knees when discharging a wheelchair-bound passenger via the bus ramp. The patient underwent physical therapy; however, the number of completed physical therapy visits was not documented. The patient underwent total right knee replacement on 12/06/2012 and right knee manipulation under anesthesia, date unknown. The patient received multiple cortisone injections to the left knee; the last one was on 07/22/2013. The patient reported his pain level dropped from 5/10 to 2/10 for a 60% improvement after one initial trial treatment of a home H-wave unit. His range of motion was also reportedly improved by 40%. The utilization review denied the request for an H-Wave device for purchase on 02/12/2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

An H-wave device for purchase: Upheld

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

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

Decision rationale: This patient presents with bilateral knee pain. The treater is requesting an H-wave device for purchase. The MTUS Chronic Pain Medical Treatment Guidelines, on pages 117 and 118, support a 1-month home-based trial of H-wave treatment as a noninvasive, conservative option for diabetic neuropathy or chronic soft-tissue inflammation, if used as an adjunct to a program of evidence-based functional restoration. It is recommended only following the failure of initial recommended conservative care including physical therapy (exercise) and medications, plus TENS (transcutaneous electrical nerve stimulation). The 33 pages of records provided do not show any progress report to determine how the patient utilized the H-wave device, how often it was used and what outcome measures were reported in terms of pain relief and function. While the UR references significant improvement after an initial trial of H-wave, the treater failed to provide the necessary documentation of treatment history and efficacy. Furthermore, the records do not show that the patient has tried and failed the TENS unit in the past. Given the lack of provided information and lack of reported functional improvement while utilizing the H-Wave unit, this treatment request is determined to be not medically necessary or appropriate.