

Case Number:	CM14-0039377		
Date Assigned:	06/27/2014	Date of Injury:	12/20/2007
Decision Date:	08/18/2014	UR Denial Date:	03/03/2014
Priority:	Standard	Application Received:	04/03/2014

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 Physical Medicine and Rehabilitation and is licensed to practice in Nevada. 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 records presented for review indicate that this 58 year-old female was injured on 12/20/07. The mechanism of injury is not listed for review. The most recent progress note, dated 11/27/13, indicates there are ongoing complaints of knee pain. Physical examination of the left knee demonstrated mild medial/lateral jointline tenderness with an effusion, 5 of extension lag and flexion at 120/130 with crepitus, and 5/5 motor strength. The diagnosis is moderate to severe osteoarthritis of left knee status post medial meniscectomy. Previous treatment includes physical therapy, Orthovisc and cortisone knee injections, knee bracing, and anti-inflammatories.

IMR ISSUES, DECISIONS AND RATIONALES

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

Home H-wave Device Rental x 3 months: Upheld

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

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

Decision rationale: The MTUS guidelines will support a one-month trial of H-wave stimulation for diabetic neuropathic pain and chronic soft tissue inflammation if used as an adjunct to a program of an evidence-based functional restoration, and only following a failure of conservative

treatment, including physical therapy, medications and transcutaneous electrical nerve stimulation (TENS). Review of the available medical records fails to document the criteria required for a one-month trial of H-wave stimulation. As such, this request is not considered medically necessary.