

Case Number:	CM14-0042559		
Date Assigned:	06/30/2014	Date of Injury:	03/05/2013
Decision Date:	07/23/2014	UR Denial Date:	03/27/2014
Priority:	Standard	Application Received:	04/09/2014

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 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:

This 53-year-old male sustained an industrial injury on 3/5/13. The mechanism of injury is not documented. The patient underwent right knee arthroscopy with partial meniscectomy and synovectomy on 11/5/13. The 2/3/14 left knee MRI impression documented mild tendinopathy at the quadriceps tendon insertion, small knee joint effusion, and otherwise negative study. The 2/27/14 treating physician report indicated the patient was seen for follow-up regarding the bilateral knees. He was doing well following right knee surgery. Recent left knee MRI had been obtained due to continued pain. The patient had some left knee swelling, likely due to early chondromalacia and perhaps some synovitis changes. Physical exam findings documented full knee range of motion with some discomfort at extremes and medial joint line tenderness. The diagnosis was left knee synovitis. A steroid injection was provided. The 3/9/14 H-wave progress report addendum indicated the patient had pain, impaired range of motion, impaired activities of daily living, and had failed a TENS unit trial. The diagnosis was joint contracture. The 3/27/14 utilization review denied the request for a home H-wave device as there was no clear presentation how this would influence the patient's functional status. There was no record that previous supervised use of this unit in the clinical setting had made any significant change in functional status.

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 or purchase): 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 H-wave stimulation (HWT Page(s): 117-118).

Decision rationale: The California MTUS guidelines do not recommend H-wave stimulation as an isolated intervention. A one-month home based H-wave trial may be considered as option for diabetic neuropathy or chronic soft tissue inflammation if 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 stimulation (TENS). It should be documented (as an adjunct to ongoing treatment modalities within a functional restoration approach) as to how often the unit was used, as well as outcomes in terms of pain relief and function. Guideline criteria have not been met. There is no current evidence that the patient is participating in a program of evidence-based functional restoration. There is no evidence that physical therapy (exercise) and medications have been tried and have failed. Purchase of this device requires evidence of a trial with documented outcomes in terms of pain relief and function. There is no evidence of prior use of the H-wave device. Therefore, this request for home H-wave device (rental or purchase) is not medically necessary.