

Case Number:	CM14-0046736		
Date Assigned:	07/07/2014	Date of Injury:	02/16/2012
Decision Date:	08/21/2014	UR Denial Date:	03/31/2014
Priority:	Standard	Application Received:	04/14/2014

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 Family Practice 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 claimant is a 58-year-old female who sustained a work injury on 2/26/2012 involving the knees. She had a diagnosis of chronic knee pain. A magnetic resonance imaging (MRI) in 2013 indicated she had fraying of her medial meniscus full thickness chondral loss. A progress note on 3/21/14 indicated she had difficulty performing activities of daily living. She had completed a transcutaneous electrical nerve stimulation (TENS) unit for 5 months the year prior. The treating physician requested H-wave therapy for 4 months.

IMR ISSUES, DECISIONS AND RATIONALES

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

1 H-WAVE (THROUGH [REDACTED]) BETWEEN 2/25/14 AND 6/20/14: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

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

Decision rationale: According to the MTUS guidelines, H-wave stimulation (HWT) is not recommended as an isolated intervention, but a one-month home-based trial of H-Wave stimulation may be considered as a noninvasive conservative option for diabetic neuropathic

pain, 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 nerve stimulation (TENS). Although the claimant has undergone, transcutaneous electrical nerve stimulation (TENS) therapy, a 1-month trial of H-wave may be appropriate. However, the duration of H-Wave requested above is not medically necessary.