

Case Number:	CM14-0046918		
Date Assigned:	07/02/2014	Date of Injury:	08/05/2013
Decision Date:	08/06/2014	UR Denial Date:	03/14/2014
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 Physical Medicine and Rehabilitation 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 61 year-old patient sustained an injury on 8/5/13 while employed by [REDACTED]. Request(s) under consideration include H-Wave units and supplies for home use. Report of 8/9/13 from a provider noted the patient with history of previous right knee injury in April 2010. Exam showed knee with full range of motion; positive swelling/effusion; negative valgus/varus sign; positive Lachman's; negative anterior/posterior drawer sign; medial joint line tenderness to palpation; non-tender later joint line; positive apprehension; medial parapatellar swelling and tenderness; limping due to pain on weight bearing. Prelim X-rays noted no fractures/dislocation. Diagnosis was right probable medial meniscus tear/bursitis/joint pain. Treatment included meds, modified work, knee orthoses. The patient is s/p (Status Post) right knee arthroscopic surgery with partial medial meniscectomy/ synovectomy on 12/13/13 with 24 post-operative therapy visits. Reports of 2/11/14 and 3/6/14 from the provider noted the patient with ongoing pain symptom complaints post arthroscopic surgery. Report of 3/18/14 had no recorded subjective complaints or objective findings. Diagnoses include medial and lateral bucket handle tear; chondromalacia/knee patella. Treatment noted unchanged limitations of 10 lbs. with no climbing, stairs, ladders. Request(s) for H-Wave units and supplies for home use was non-certified on 3/4/14 citing guidelines criteria and lack of medical necessity.

IMR ISSUES, DECISIONS AND RATIONALES

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

H-Wave unit and supplies for home use: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation OFFICIAL DISABILITY GUIDELINES.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Transcutaneous Electrotherapy, H-Wave Stimulation Page(s): 115-118;.

Decision rationale: According to medical records, there is no documented failed trial of TENS use. Per guidelines, H-wave 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) which have not been demonstrated. There is no clinical exam documented with neurological deficits nor are there specifics of what subjective complaints, limitations in ADL (Activities of Daily living), or failed attempts with previous conservative treatments to support for the H-wave unit, not recommended as a first-line approach. Submitted reports have not demonstrated having met these criteria nor is the patient participating in any therapy as part of the functional restoration program. Therefore, the request for H-Wave unit and supplies for home use is not medically necessary and appropriate.