

Case Number:	CM14-0065634		
Date Assigned:	07/11/2014	Date of Injury:	06/29/2012
Decision Date:	09/19/2014	UR Denial Date:	04/10/2014
Priority:	Standard	Application Received:	05/08/2014

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 Anesthesiology, has a subspecialty in Pain Medicine, and is licensed to practice in Texas. 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 injured worker is a 39-year-old who sustained injury to his low back on June 29, 2012 while pulling an air hose from a service truck; he was walking backwards and hit something with the back of his heel. He subsequently developed pain in his left knee. Two days later, he was using his knees to install tires and felt a lot of pain. The injured worker was sent to the clinic and told that he had a sprain. Magnetic resonance image of the left knee was obtained and the injury underwent surgery on the left knee dated November 18, 2012 for a torn meniscus. The injured worker did well for a while, but had swelling and throbbing of his knees. He was limping, favoring the left knee which caused overuse of his right knee and back per clinical note dated March 19, 2014. A 16-day trial of home H-wave was initiated on April 17, 2014. The injured worker took an H-wave survey on May 3, 2014 that noted only 30% improvement with use of H-wave unit. The injured worker was basically working sedentarily, which he was able to do with continued pain. The injured worker was diagnosed with overuse syndrome of the back due to injury of the left knee and a home H-wave unit was requested in addition to home exercise program.

IMR ISSUES, DECISIONS AND RATIONALES

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

An H-wave unit: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) (updated 3/27/14) H-wave stimulation (HWT).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines H-wave stimulation (HWT) Page(s): 117-18.

Decision rationale: The Chronic Pain Medical Treatment Guidelines states that treatment with this modality may be used as an adjunct to evidence based functional restoration program and only following failure of initially recommended conservative care, including recommended physical therapy and medication, plus transcutaneous electrical nerve stimulation (TENS). In this case presentation, there is no evidence that the injured worker exhausted conservative intervention including TENS to support the need for this durable medical equipment. The Chronic Pain Medical Treatment Guidelines also states that there is no evidence that H-wave is more effective as an initial treatment when compared to TENS for analgesic effects. Randomized control trial comparing analgesic effects H-wave therapy (HWT) and TENS on pain threshold found that there were no differences between the different modalities or HWT frequencies. Therefore, the request for an H-wave unit is not medically necessary or appropriate.