

Case Number:	CM14-0068987		
Date Assigned:	07/14/2014	Date of Injury:	06/21/2013
Decision Date:	09/11/2014	UR Denial Date:	04/23/2014
Priority:	Standard	Application Received:	05/14/2014

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 Orthopedic Surgeon and is licensed to practice in Arizona. 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 patient is a 51-year-old female who sustained an injury to her left knee on 6/21/2013. The progress report of 7/18/2013 states the patient is complaining of left knee pain and swelling. Allegedly, this started a week ago after climbing up and down a ladder at work. MRI shows a tear of the medial meniscus plus degenerative changes in the medial compartment of the knee. The patient has painful range of motion, tenderness, and mild swelling. There is a positive McMurray test. The patient was started on a transcutaneous electric nerve stimulation (TENS) unit but it was not helpful so she was switched to an H wave device. The patient states in a note dated 7/30/2013: "H wave is much more useful as it is stronger. TENS unit which I have tried didn't help much in the past." The patient used a rented H wave device for several months. In a progress report dated 1/10/2014, the primary provider states the patient's pain scale dropped from 7-4 using the H wave device. She states that her range of motion and function is increased and the knee felt more relaxed. During this time the patient was also tried on a cortisone injection and Visco supplementation injections. She was also using a knee support and using Voltaren gel. A progress report dated 4/1/2014 states the patient continues to have left knee pain but the swelling appears less and there is less tightness in the knee. The patient is not taking medication. She joined curves and is doing light exercises. Range of motion of the left knee is 0-120. There is medial compartment tenderness associated with patellofemoral crepitation and a mild effusion. A request is made to purchase an H wave device for this patient's use.

IMR ISSUES, DECISIONS AND RATIONALES

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

Purchase of Home H-Wave Device and System: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines H-wave stimulation (HWT) Page(s): 117-118.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines transcutaneous electrotherapy Page(s): 114-120.

Decision rationale: The chronic pain guidelines states that H wave stimulation is not recommended as an isolated intervention but a one-month home-based trial may be considered for diabetic neuropathic pain or chronic soft tissue inflammation if it is used as an adjunct to a program of evidence-based functional restoration and only following failure of initial recommended conservative care, including recommended physical therapy and medication plus transcutaneous electrical nerve stimulation. There is no documentation that the patient has participated in a supervised or home based program of active therapy. The patient's treatment plan also included several other passive modalities and injection therapy and there is no recent documentation as to what part the H wave device contributed in the overall treatment program. Therefore, until there is documentation that the patient is involved in an evidence based program of functional improvement and also documentation on what role the other modalities had in relieving her pain, medical necessity of purchasing an H Wave device has not been established. Therefore, the request is not medically necessary.