

Case Number:	CM14-0089232		
Date Assigned:	07/23/2014	Date of Injury:	08/05/2003
Decision Date:	09/12/2014	UR Denial Date:	05/28/2014
Priority:	Standard	Application Received:	06/13/2014

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 Occupational Medicine, 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:

Per the records provided, the diagnosis was knee internal derangement. The patient was described as a 64-year-old male status post an August 5, 2003 injury. He was also status post a left total knee arthroplasty on April 17, 2009. The patient was injured 11 years ago. The request is for the purchase of the H-wave after what appeared to be a 2-3 week trial. The forms were handwritten indicating that the patient had treatment with a TENS unit. Subjective improvement is mentioned in range of motion and functional activities, but there are no quantified objective scoring of the same, medication reduction, or activities of daily living improvement documented. The patient had improvement in nighttime swelling of the feet allegedly due to the use of the device, however this is not supported as an indication or benefit of H-wave in the evidence-based literature. He used the H wave device from April 28, 2014 through May 13, 2014. There was subjectively the 60% reduction in pain. There was also that decrease in swelling. Conservative care already performed included medication, physical therapy and a TENS unit. The patient himself wrote a letter June 22, 2014 noting that he used the device for three weeks and again that there was a marked reduction in the swelling of the knees.

IMR ISSUES, DECISIONS AND RATIONALES

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

A purchase of a Home H-Wave device: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines H-wave stimulation (HTW).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines 8 C.C.R. 9792.20 - 9792.26 MTUS (Effective July 18, 2009) Page(s): 116 of 127. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain section, under NMES units.

Decision rationale: The MTUS notes that TENS such as H-wave are not recommended as a primary treatment modality, but a one-month home-based TENS trial may be considered as a noninvasive conservative option, if used as an adjunct to a program of evidence-based functional restoration. I was not able to verify that all criteria were met for H-wave trial. Therefore under MTUS criteria, the request is not medically necessary.