MAXIMUS Federal Services

Case Number:	CM14-0097540		
Date Assigned:	07/23/2014	Date of Injury:	10/01/2012
Decision Date:	09/29/2014	UR Denial Date:	05/30/2014
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:

The patient is a 61 year old female who sustained an injury to her bilateral knees on 10/01/2012. The mechanism of injury is unknown. Prior treatment history has included Hyalgen injections to both knees but only gave limited relief.Progress report dated 03/26/2014 states the patient presented with complaints of clicking and popping in bilateral knees, left greater than right. she rated her knee pain as a 5-6/10 and is unable to do stairs due to the pain. On exam, the right knee flexes to 110; extends to 0. There is positive patella-femoral crepitus and tenderness to palpation at the joint line. The left knee flexes to 120 and extends to 0. There is positive femoral crepitus and tenderness to palpation at the joint line. She is diagnosed with bilateral knee pain; symptomatic instigation of underlying medial compartment osteoarthritis of the left knee; lateral meniscal tear, left knee and medial meniscal tear of bilateral knees. She has been recommended for a 30 day trail of H-wave to evaluate its effectiveness. She was recommended acupuncture twice a week for 3 weeks to bilateral knees for pain control and instructed to continue with medications Prior utilization review dated 05/30/2014 states the request for Home H-wave for purchase is denied as it is not medically necessary.

IMR ISSUES, DECISIONS AND RATIONALES

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

Home H-wave for purchase: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines H-wave stimulation (HWT) Page(s): 117-118. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Pain, H-wave.

Decision rationale: According to MTUS guidelines, H-wave stimulation 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 (Julka, 1998) (Kumar, 1997) (Kumar, 1998), 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)." However, in this case there is no documented failure of TENS. Medical necessity is not established.