

Case Number:	CM14-0146570		
Date Assigned:	11/18/2014	Date of Injury:	10/13/2011
Decision Date:	01/06/2015	UR Denial Date:	08/19/2014
Priority:	Standard	Application Received:	09/09/2014

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 & Rehabilitation, has a subspecialty in Interventional Spine 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 60 year old with an injury date on 10/13/11. Patient complains of bilateral knee pain that has not improved with conservative care per 8/11/14 report. Use of H-wave in therapy has been very helpful with swelling and relieving stiffness and relief lasts 1 or more hours per 5/13/14 report. Based on the 8/11/14 progress report provided by the treating physician, the diagnosis is Pain in joint, lower leg. There was no physical exam included in the provided reports. Click here to enter text. Showed " Patient's treatment history includes physical therapy, TENS unit, and medication. The treating physician is requesting home H-wave device purchase/indefinite use. The utilization review determination being challenged is dated 8/19/14. The requesting physician provided treatment reports from 5/7/14 to 8/11/14.

IMR ISSUES, DECISIONS AND RATIONALES

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

Home H-Wave Device Purchase/Indefinite Use: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

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

Decision rationale: This patient presents with bilateral knee pain and is s/p left knee arthroscopic surgery from 2/7/14. The treater has asked for Home H-Wave device purchase/indefinite use on 8/11/14. Regarding H-wave, MTUS guidelines support home trial if TENS unit has failed if the patient has diagnosis of neuropathy or soft-tissue chronic inflammation. MTUS states that: "Trial periods of more than one month should be justified by documentation submitted for review." It further requires that there is significant pain reduction along with functional improvement. In this case, the reports do not provide documentation as to how often the unit was used, as well as outcomes in terms of pain relief and function. Patient has reported a decrease in the need for oral medication due to use of the H-wave device, and has failed a TENS unit after one-month trial. There is a reported 30% decrease in pain from a one-month trial of H-wave unit, but there is no specific documentation regarding activities of daily living, medication reduction and functional improvement in relation to use of H-wave. Therefore the request is not medically necessary.