

<b>Case Number:</b>	CM15-0004482		
<b>Date Assigned:</b>	01/15/2015	<b>Date of Injury:</b>	06/09/2002
<b>Decision Date:</b>	03/17/2015	<b>UR Denial Date:</b>	12/30/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	01/08/2015

### 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. 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/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:  
 State(s) of Licensure: North Carolina  
 Certification(s)/Specialty: Family Practice

### 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 66 year old female, who sustained an industrial injury on June 9, 2002. The diagnoses have included internal derangement of the right knee status post meniscectomy, right shoulder impingement syndrome status post decompression, discogenic lumbar condition status post injection, and chronic pain syndrome. Treatment to date has included pain and glucosamine medications, right knee brace, TENS (transcutaneous electrical nerve stimulation), and pain, anti-epilepsy, muscle relaxant, and proton pump inhibitor, and glucosamine medications. Currently, the injured worker complains of persistent pain of the neck, low back on the right side, right shoulder, and right knee. Her pain is worse with cold weather. She has muscle spasms, stiffness, and difficulty with prolonged standing and walking. She needs replacement of her knee brace due to the brace is wearing and the Velcro no longer sticks and her very small TENS (transcutaneous electrical nerve stimulation) unit is not as effective. She cares for her husband, who is recovering from heart surgery. The physical exam revealed tenderness of the cervical paraspinal muscles, bilateral trapezius, and the lumbar paraspinal muscles, worse on the right. There was pain on facet loading. Her gait was antalgic and wide-based. There range of motion of the knee, knee was extension 165 degrees, flexion was 115 degrees, and there was crepitation with range of motion. On December 23, 2014, the injured worker submitted an application for IMR for review of a request for a lumbar back support and back support, H-Wave four big units, and Defiance brace molded plastic, lower knee edition, and upper knee edition (right knee). Utilization Review non-certified the request for a lumbar back support and back support, noting the injured worker has chronic lower back pain of about 12 years, and treatment

for lower back pain with back bracing is not recommended longer than a short period of acute symptoms or for specific treatment of spondylolisthesis, documented instability, and postoperative treatment. The request for the H-Wave four big units was non-certified based on the lack of documentation of a one month trial of the H-Wave in adjunct to ongoing treatment modalities within a functional restoration approach, along with how often the unit was used and pain relief and functional outcomes. The request for Defiance brace molded plastic, lower knee edition, and upper knee edition (right knee) was non-certified based on lack of documentation of rationale for the request and no indication that the injured worker's knee is going to be put under a great deal of stress with work related activities. The California Medical Treatment Utilization Schedule (MTUS), ACOEM (American College of Occupational and Environmental Medicine) Guidelines was cited.

### **IMR ISSUES, DECISIONS AND RATIONALES**

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

**Lumbar back support and back support insert:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 301.

**Decision rationale:** The ACOEM chapter on low back complaints and treatment recommendations states: Lumbar supports have not been shown to have any lasting benefit beyond the acute phase of symptom relief. This patient has chronic ongoing low back complaints and discogenic lumbar disease. Per the ACOEM, lumbar supports have no lasting benefit outside of the acute phase of injury. This patient is well past the acute phase of injury and there is no documentation of acute flare up of chronic low back pain. Therefore, criteria for use of lumbar support per the ACOEM have not been met and the request is not certified.

**H-wave four big units:** 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 H-wave Page(s): 117.

**Decision rationale:** The California chronic pain medical treatment guidelines section on H-wave stimulation therapy states: H-wave stimulation (HWT). 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). In a recent retrospective study suggesting effectiveness of the H-wave device, the patient selection criteria included a physician documented diagnosis of chronic soft-tissue injury or neuropathic pain in an upper or lower extremity or the spine that was unresponsive to conventional therapy, including physical therapy, medications, and TENS. (Blum, 2006) (Blum2, 2006) There is no evidence that H-Wave is more effective as an initial treatment when compared to TENS for analgesic effects. A randomized controlled trial comparing analgesic effects of H wave therapy and TENS on pain threshold found that there were no differences between the different modalities or HWT frequencies. (McDowell2, 1999) [Note: This may be a different device than the H-Wave approved for use in the US.]The patient has a diagnosis of chronic pain syndrome, knee internal derangement and low back pain. There is documentation of failure to respond to TENS unit. There is not however a documented one month trial of an H-wave device with quantitative measurements of improvement. Therefore, the request is not certified.

**Defiance brace molded plastic, lower knee addition and upper knee addition (right knee):**  
Upheld

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

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 13 Knee Complaints  
Page(s): 338.

**Decision rationale:** Per the ACOEM chapter on knee complaints, table 13-3 list the following as optional treatment measures for different knee injuries: Cruciate ligament tear: crutches, knee immobilizer and quadriceps/hamstring strengthening; Meniscus tears: quadriceps strengthening, partial weight bearing, knee immobilizer as needed; Patellofemoral syndrome: knee sleeve, quadriceps strengthening and avoidance of knee flexion; The patient does have the diagnoses of meniscal disease but not ACL or PCL injury. The patient does not have the diagnoses of patellofemoral syndrome. Per the ACOEM, knee sleeves/braces are only recommended as a treatment option for patellofemoral syndrome. In addition the ODG does not recommend a custom knee brace unless the knee will be under significant stress. The patient does take care of her husband but there are no other indications the knee will be under significant stress. Therefore, the request does not meet guideline recommendations and is not certified.