

Case Number:	CM15-0006556		
Date Assigned:	01/26/2015	Date of Injury:	11/12/2011
Decision Date:	03/20/2015	UR Denial Date:	01/06/2015
Priority:	Standard	Application Received:	01/12/2015

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: California, Arizona

Certification(s)/Specialty: Physical Medicine & Rehabilitation

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 57-year-old male who reported an injury on 11/12/2011. The mechanism of injury was not stated. The current diagnoses include a knee strain, internal derangement of the knee, and joint derangement of the lower leg. The only physician progress report submitted for review is documented on 04/28/2014. The injured worker presented with persistent pain and weakness in the lower extremity. The current medication regimen includes Butrans 5 mcg and Lyrica 50 mg. Upon examination, there was positive crepitus with passive range of motion, mild laxity with valgus stress test, intact sensation, and 4+/5 motor weakness on the left.

Recommendations at that time included a medial unloader knee brace. There was no Request for Authorization form submitted for this review.

IMR ISSUES, DECISIONS AND RATIONALES

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

H wave unit: 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 Page(s): 117-121.

Decision rationale: California MTUS Guidelines state H-wave stimulation is not recommended as an isolated intervention, but a 1 month home based trial may be considered as a noninvasive conservative option. H-wave stimulation should be used as an adjunct to a program of evidence based functional restoration. In this case, there was no documentation of a failure of initially recommended conservative care to include physical therapy, medications, and TENS therapy. It is also unclear whether the provider is requesting a 30 day rental or a unit purchase. California MTUS Guidelines recommend a 1 month trial prior to a unit purchase. Given the above, the request is not medically appropriate.