

Case Number:	CM15-0108324		
Date Assigned:	06/15/2015	Date of Injury:	04/01/2004
Decision Date:	07/15/2015	UR Denial Date:	05/21/2015
Priority:	Standard	Application Received:	06/05/2015

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 53-year-old male, who sustained an industrial injury on 04/01/2004. According to a report dated 05/07/2015, the injured worker had persistent low back pain, bilateral knee pain and right wrist pain. He had been approved for Hyalgan injection to the right knee and a DonJoy brace. Treatment to date has included MRIs, surgeries to the left and right knee, physical therapy, TENS unit, H-wave and medications. The provider noted that the injured worker needed braces on the left knee due to instability. A TENS unit, H-wave and physical therapy gave him good relief. He did not have access to a unit at home. He had increased knee pain with cold weather and prolonged standing and low back pain with muscle spasms and stiffness. Diagnoses included internal derangement of the knee bilaterally status post meniscectomy years ago on the left; subsequent MRI in 2009 showing meniscectomy with new tears, internal derangement of the knee on the left status post-surgical intervention in 2009 proceeded by an MRI showing a tear, wrist sprain on the right not really treated much, discogenic lumbar condition; MRI showing disc disease from L2 through S1, hypertension not well controlled and issues with sleep and stress related to chronic pain as well as weight gain of 10 pounds due to inactivity and chronic pain. The treatment plan included Norco, Protonix, Flexeril, Tramadol ER, Naproxen, DonJoy brace or unloading brace to the left knee, Hyalgan injection to the left knee and H-wave. Currently under review is the request for durable medical equipment: H-wave unit.

IMR ISSUES, DECISIONS AND RATIONALES

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

DME H Wave Unit: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM.

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

Decision rationale: The California MTUS section on H-wave therapy states: 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). The patient does not have a documented one-month trial with objective improvement in pain and function as well as the device being used as an adjunct to a program of evidence based functional restoration. Therefore, the request is not medically necessary.