

Case Number:	CM15-0109552		
Date Assigned:	06/16/2015	Date of Injury:	10/18/2013
Decision Date:	07/21/2015	UR Denial Date:	05/12/2015
Priority:	Standard	Application Received:	06/08/2015

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: California, Hawaii
 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 58 year old female, who sustained an industrial injury on 10/18/2013. She has reported subsequent left knee pain and was diagnosed with chondromalacia, synovitis and arthritis with meniscal tear of the left knee. Treatment to date has included medication, application of ice, physical therapy, rest and a home exercise program. In a progress note dated 04/27/2015, the injured worker complained of pain but there was no specification as to the nature, degree or location of the pain. The injured worker was noted to have used a home H wave unit from 02/24/2015 to 03/17/2015 and the injured worker reported a decrease in the need for oral medication, increased ability to perform activities and greater overall function with use of the H wave unit. No objective examination findings were documented. A request for authorization of home H-wave device purchase for the left knee was submitted.

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 for left knee: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines H-Wave stimulation (HWT; TENS (transcutaneous electrical nerve stimulation).

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

Decision rationale: The patient presents with left knee pain and was diagnosed with chondromalacia, synovitis and arthritis with meniscal tear of the left knee. The patient was noted to have used an H-wave device from 2/24/15 to 3/17/15 and the patient reported a decrease in the need for oral medication, increased ability to perform activities and greater overall function with use of the H-wave unit. The current request is for Home H-wave device purchase for left knee. The treating physician states in the 3/17/15 (30B) treating report that the patient has used the device for 21 days and the patient has been able to decrease her medication since using the device. Additionally, according to the treating report dated 4/27/15 (26B) the patient used the H-wave device and reported the ability to perform more activity and greater overall function due to the use of the H-Wave device. The patient states using the device allows her to be more mobile with less pain. The report also notes the patient has previously tried a TENS Unit, Physical Therapy and medications. She prefers the H-Wave to medication. MTUS Guidelines recommend a trial of H-Wave for the treatment of chronic soft tissue inflammation. MTUS goes on to state, trial periods of more than one month should be justified by documentation submitted for review. In this case, the physician has submitted documentation of decreased medication usage and increased functionality. There is justification to continue the usage of H-Wave based upon MTUS Guidelines. This request is medically necessary.