

Case Number:	CM15-0141438		
Date Assigned:	07/31/2015	Date of Injury:	10/28/1983
Decision Date:	09/03/2015	UR Denial Date:	07/20/2015
Priority:	Standard	Application Received:	07/21/2015

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, 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 63 year old male, who sustained an industrial injury on October 28, 1983. The injured worker was diagnosed as having pes anserinus bursitis, abnormality of gait and localized osteoarthritis of the lower leg. Treatment to date has included total knee replacement with revision, physical therapy, medication. A progress note dated June 18, 2015 provides the injured worker complains of knee and leg pain. He rates the pain at worst as 10 out of 10 and at best 8 out of 10. The average for the past week he rates as 9 out of 10. He reports use of Transcutaneous Electrical Nerve Stimulation (TENS) unit and ice help with pain. Physical exam notes no apparent distress, antalgic gait, effusion of the left knee and warmth of the right knee. There is decreased range of motion (ROM) of the right knee. Sacroiliac joint compression is positive, and right knee McMurray's and compression tests are positive. The plan includes gym membership and H-wave device.

IMR ISSUES, DECISIONS AND RATIONALES

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

H-Wave unit for thirty-day trial, quantity: 1: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Transcutaneous Electrotherapy, H-Wave Stimulation (HWT).

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

Decision rationale: CA MTUS Chronic Pain Guidelines state that 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 HWT and TENS pain threshold found there was no differences between the different modalities and HWT frequencies. In this case, the patient has used TENS in the past with symptomatic relief and there is no medical necessity to change to HWT. Continuation of TENS would be reasonable; however the HWT request is not medically necessary.