

Case Number:	CM15-0163335		
Date Assigned:	08/31/2015	Date of Injury:	10/21/2009
Decision Date:	10/13/2015	UR Denial Date:	07/28/2015
Priority:	Standard	Application Received:	08/20/2015

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: Massachusetts

Certification(s)/Specialty: Physical Medicine & Rehabilitation, Pain Management

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 female who sustained an industrial injury October 21, 2009. Diagnoses have included cervicalgia; degeneration of the lumbar spine; pain in joint of lower leg, and left knee medial meniscus tear. Documented treatments are medication including Norco, Soma, and Xanax; an unspecified number of physical therapy sessions; trial of a TENS unit which was reported as not being helpful; and trial of an H-Wave unit documented on May 21, 2015 by the injured worker to have been effective. The injured worker continues to report neck, low back, and left knee pain with decreased range of motion in the lumbar area, and motor weakness. The treating physician's plan of care includes purchase of H-wave unit for left knee, cervical and lumbar spine that was declined July 28, 2015.

IMR ISSUES, DECISIONS AND RATIONALES

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

DME H-wave purchase for the left knee, cervical, and lumbar spine: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Transcutaneous electrotherapy.

Decision rationale: The claimant sustained a work injury in October 2009 and underwent right knee arthroscopic surgery for a meniscal tear in March 2015. On 05/01/15 the claimant wanted a TENS unit. On 05/21/15, she reported that TENS had been ineffective. She subsequently underwent a trial of home H-wave use. After the trial, she indicated that the unit had been more helpful than other treatments and she had been able to decrease her use of pain medications and had improved activities of daily living. Although H-wave stimulation is not recommended as an isolated intervention, a one month home-based trial of may be considered as a noninvasive conservative option for the treatment of chronic pain. H-wave stimulation is a form of electrical stimulation that differs from other forms of electrical stimulation, such as transcutaneous electrical nerve stimulation (TENS), in terms of its waveform. During the trial, it should be documented as to how often the unit was used, as well as outcomes in terms of pain relief and function. In this case, the claimant has had a trial of H-wave use with reported decreased pain and medication use and TENS had been ineffective. The requested H-wave unit was medically necessary.