MAXIMUS Federal Services

Case Number:	CM15-0185938		
Date Assigned:	09/28/2015	Date of Injury:	04/09/2012
Decision Date:	11/03/2015	UR Denial Date:	08/21/2015
Priority:	Standard	Application Received:	09/21/2015

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: Arizona, California
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:

This 53 year old woman sustained an industrial injury on 4-9-2012. Diagnoses include chondromalacia patella and torn lateral meniscus. Treatment has included oral medications, use of a cane, surgical intervention, physical therapy, and bracing. Physician notes dated 8-5-2015 show complaints of recurrent right knee pain with giving way and increased amounts of pain and swelling. The physical examination shows a lack of 3 degrees of knee extension on the right and is only able to flex through 95 degrees with moderate pain, antalgic gait on the right, and tenderness over the right hip. Recommendations include Norco, Anaprox, Prilosec, Flexeril, H-wave stimulator for home use, and follow up in six weeks. Utilization Review denied a request for H-wave unit for home use on 8-21-2015.

IMR ISSUES, DECISIONS AND RATIONALES

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

Home H-wave device for lower leg, purchase: Upheld

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: According to the guidelines an H-wave unit is not recommended but a one month trial may be considered for diabetic neuropathic pain and chronic soft tissue inflammation if used with a functional restoration program including therapy, medications and a TENS unit. There is no evidence that H-Wave is more effective as an initial treatment when compared to TENS for analgesic effects. In fact, H-wave is used more often for muscle spasm and acute pain as opposed to neuropathy or radicular pain. In this case the claimant did not have the diagnoses or interventions noted above. There was no mention of TENS use. Long-term use of an H-wave device is not recommended. Therefore, the request for a purchase of an H-wave unit is not medically necessary.