

Case Number:	CM15-0187624		
Date Assigned:	09/29/2015	Date of Injury:	10/07/2013
Decision Date:	11/10/2015	UR Denial Date:	08/26/2015
Priority:	Standard	Application Received:	09/23/2015

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

Certification(s)/Specialty: Preventive Medicine, Occupational Medicine

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 34 year old female who sustained an industrial injury on 10-07-2013. Treatment to date has included right knee surgery, cortisone injection, medications and physical therapy. According to a progress report dated 03-05-2015, the injured worker reported mild dull right knee ache made worse with sitting, standing and prolonged walking. The right hip felt like it pulled or was tight but was better with stretching. She could not squat. She took Ultram. Range of motion of the right knee was full extension to 125 flexion. Tenderness to palpation on the lateral joint line was noted. Negative medial and lateral McMurrays was noted. There was no calf tenderness. The contralateral knee had full motion, no instability and normal strength. Foot warmth, color and capillary refill were normal. Foot examination demonstrated subjectively normal sensation to light stroke testing. X-rays demonstrated moderate to medial and lateral compartment arthritis. Diagnoses included derangement of meniscus not elsewhere classified and osteoarthritis localized primary involving lower leg. She had completed "most" of the 8 sessions of physical therapy for quad strengthening. She had one left. The treatment plan included continuation of Ultram and Voltaren Gel. Work status for the right knee included full duty. She was permanent and stationary with future medical. The provider noted that the injured worker needed an H-Wave for 3 months with supplies. According to a progress report dated 08-13-2015, the injured worker reported pain and exhibited impaired activities of daily living. She reported a decreased need for oral medications due to the use of the H-Wave device. She reported the ability to perform more actively and greater overall function due to the use of H-Wave device. She reported a 90% reduction in pain after using the device. Increased function included walking farther, more housework, sitting longer, better sleep, standing longer, more family interaction and enjoying a day at the park. The treatment plan included Home H-Wave device purchase. An

authorization request dated 08-13-2015 was submitted for review. The requested services included Home H-Wave device purchase. On 08-26-2015, Utilization Review non-certified the request for Home H-Wave device.

IMR ISSUES, DECISIONS AND RATIONALES

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

Home H-wave device: 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): Electrical stimulators (E-stim).

Decision rationale: The MTUS Guidelines do not recommend the use of H-wave stimulation as an isolated intervention. A one-month home-based trial of H-wave stimulation may be considered as a non-invasive conservative option for 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 physical therapy and medications, plus transcutaneous electrical nerve stimulation. In this case, the injured worker has used an H-wave device during therapy and stated she had a 55% reduction in pain, however, the time period of the relief is not noted. Although she has failed with the use of TENS, it is not clear that she has failed with other means of conservative treatment. Additionally, this request for H-Wave therapy appears to be a stand-alone treatment in this case which is not supported by the guidelines. Furthermore, this request is for a 3-month rental, which exceeds the established guidelines, therefore, the request for Home H-wave device is determined to not be medically necessary.