

Case Number:	CM15-0194862		
Date Assigned:	10/08/2015	Date of Injury:	10/29/2010
Decision Date:	11/18/2015	UR Denial Date:	09/10/2015
Priority:	Standard	Application Received:	10/05/2015

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 male, with a reported date of injury of 10-29-2010. The diagnoses include prosthetic joint implant failure, lower leg traumatic arthropathy, and obesity. Treatments and evaluation to date have included Naproxen, TENS unit, physical therapy, and home exercises. The diagnostic studies to date have not been included in the medical records provided. The narrative report dated 08-25-2015 indicates that the injured worker complained of pain and showed impaired activities of daily living. It was noted that the injured worker used a home H-wave at no cost for evaluation purposes from 07-21-2015 to 08-09-2015. The injured worker reported that there was a decrease in the need for oral medication due to the use of H-wave device. He also reported the ability to perform more activity and greater overall function due to the use of the H-wave device. The injured worker used the H-wave unit three times a day, seven days a week, for 30-45 minutes per session. The treatment plan included the purchase of the home H-wave unit to be used two times per day at 30-60 minutes per treatment as needed. The request for authorization was dated 08-25-2015. The treating physician requested the purchase of a home H-wave device for the knee. On 09-10-2015, Utilization Review (UR) non-certified the request for the purchase of a home H-wave device for the knee.

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, knee: 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 2010 and is being treated for chronic left knee pain. When seen in July 2015, he had completed rehabilitation and, although revision surgery was needed, he wanted to return to his prior job. He was performing a gym based exercise program. Physical examination findings included decreased knee range of motion with tenderness and synovitis with a joint effusion. His body mass index was nearly 38. A trial of home based H-wave use was started. He completed the trial on 08/09/15. He had an improved tolerance for standing and walking activities and a 40% decrease in pain. He was using the unit three times per week on a daily basis for up to 45 minutes. Prior treatments had included use of TENS. Authorization for a home H-wave unit is being requested. 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 with improved activity tolerance. He is already performing exercises and the H-wave unit would be an adjunctive treatment. He is obese and TENS is reported as having been ineffective. He plans to return to work. The requested H-wave unit is medically necessary.