

Case Number:	CM15-0028457		
Date Assigned:	02/20/2015	Date of Injury:	01/31/2014
Decision Date:	04/07/2015	UR Denial Date:	01/19/2015
Priority:	Standard	Application Received:	02/16/2015

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: Internal 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 70 year old male, who sustained a work/ industrial injury on 1/31/14 as a lead pipe operator while falling down the stairs at his job site and landing on his right leg. He has reported symptoms of left elbow pain and swelling. Prior medical history includes hypertension. The diagnoses have included complete tear of the quad and medial meniscus tear-complex; ruptured quadracep tendon. Treatments to date included H-wave, Transcutaneous Electrical Nerve Stimulation (TENS) unit, physical therapy, aspiration and injection of steroid, knee immobilizer and medication. Medications included Toprol XL, Norco, and Lisinopril. The treating physician's report dated 1/12/15 showed that the a home H-wave device for evaluation purposes from 11/14/14 to 12/30/14 with decreased need for oral medication and increase in function with its use. The Transcutaneous Electrical Nerve Stimulation (TENS) unit did not work as well. Use of the H-wave unit was twice daily, 7 days per week and less than 30 minutes per session. Examination noted a swollen olecranon bursa about the size of a golf ball. There was weakness in the thigh and some pain in the distal thigh area and knee region. On 1/19/15, Utilization Review non-certified H-wave Purchase/indefinite use in 30-60 minute sessions, noting the California Medical treatment Utilization Schedule (MTUS) Guidelines, Chronic Pain.

IMR ISSUES, DECISIONS AND RATIONALES

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

H-wave Purchase/indefinite use in 30-60 minute sessions: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 117.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 13 Knee Complaints Page(s): 339, 346-347, Chronic Pain Treatment Guidelines Transcutaneous electrotherapy Pages 114-118. H-Wave stimulation (HWT) Pages 51, 117-118. Functional restoration programs (FRPs) Page 49. Decision based on Non-MTUS Citation ACOEM 3rd Edition. Knee disorders. <http://www.guideline.gov/content.aspx?id=36632>.

Decision rationale: Medical Treatment Utilization Schedule (MTUS) addresses H-wave. American College of Occupational and Environmental Medicine (ACOEM) 2nd Edition (2004) Chapter 13 Knee Complaints (Page 339) states that physical modalities, such as massage, diathermy, cutaneous laser treatment, ultrasound, and biofeedback have no scientifically proven efficacy in treating acute knee symptoms. Other miscellaneous therapies have been evaluated and found to be ineffective. Table 13-6 Summary of Recommendations for Evaluating and Managing Knee Complaints indicates that regarding physical treatment methods, passive modalities without exercise program are not recommended. ACOEM 3rd Edition does not recommend transcutaneous electrical stimulation (TENS) for knee pain. Medical Treatment Utilization Schedule (MTUS) Chronic Pain Medical Treatment Guidelines (Page 117) indicates that H-wave is not recommended as an isolated intervention, but a one-month home-based trial of H-Wave stimulation may be considered as a noninvasive 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 recommended physical therapy (i.e., exercise) and medications, plus transcutaneous electrical nerve stimulation (TENS). Functional restoration programs (FRPs) are a type of treatment included in the category of interdisciplinary pain programs. Medical records document a history of knee injury. MTUS guidelines requires that the patient be enrolled in a program of evidence-based functional restoration. Patient is not enrolled in a functional restoration program (FRP). The orthopedic report dated 1/16/15 did not document a musculoskeletal physical examination. MTUS and ACOEM guidelines and medical records do not support the use of H-wave stimulation. Therefore, the request for H-wave device purchase is not medically necessary.