

Case Number:	CM15-0217458		
Date Assigned:	11/09/2015	Date of Injury:	11/22/2013
Decision Date:	12/21/2015	UR Denial Date:	10/26/2015
Priority:	Standard	Application Received:	11/04/2015

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:

This is a 57 year old female with a date of injury of November 22, 2013. A review of the medical records indicates that the injured worker is undergoing treatment for pain in limb, shoulder pain, and lower leg pain. Medical records dated July 7, 2015 indicate that the injured worker complained of left knee pain rated at a level of 5 out of 10 and 3 out of 10 with Advil. Records also indicate that the injured worker was now able to rise from a seated position without knee to hip pain since she has been using an H-wave device. A progress note dated September 25, 2015 documented that the injured worker reported for recheck of the left knee. There were no recent physical examinations regarding the left knee documented in the submitted records. Per the treating physician (September 25, 2015), the employee was working with modifications. Treatment has included left knee surgery, twenty four sessions of postoperative physical therapy, H-wave unit, and medications (Norco, Advil). The utilization review (October 26, 2015) non-certified a request for a home H-wave unit purchase.

IMR ISSUES, DECISIONS AND RATIONALES

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

Home H-Wave Unit purchase for the left knee: 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 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 physical therapy and medications, plus transcutaneous electrical nerve stimulation. In this case, the injured worker has had a trial with home H-wave with a subjective 30% decrease in symptoms and a decreased use of medication. It is noted that she has failed with the use of TENS and physical therapy. There is no evidence that this request for home H-wave will be accompanied by a program of functional restoration and the injured worker continues to be prescribed the same medications. Additionally, there is no specific objective functional gains from the prior use of the home H-wave device. The request for home H-wave unit purchase for the left knee is determined to not be medically necessary.