

Case Number:	CM15-0037837		
Date Assigned:	03/06/2015	Date of Injury:	12/22/2011
Decision Date:	04/16/2015	UR Denial Date:	01/29/2015
Priority:	Standard	Application Received:	02/27/2015

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: Physical Medicine & Rehabilitation

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 56-year-old male, who sustained an industrial injury on 12/22/2013. The details regarding the initial injury were not submitted for this review. The diagnoses have included bilateral chondromalacia and bilateral knee pain. He is status post left knee arthroscopy 1/30/14 and status post right knee arthroscopy 1/9/14. Treatment to date has included physical therapy, Transcutaneous Electrical Nerve Stimulation (TENS), H-Wave home unit trial, steroid injection to joints, and Euflexxa injections. Currently, the IW complains of continued knee and sciatica pain. The medical records included documentation dated 1/19/15 that indicated a trial H-Wave from 10/29/14 to 1/14/15 was effective at relieving pain and symptoms with increased Activities of Daily Living (ADLs) and decreased medication use. On 2/27/2015, the injured worker submitted an application for IMR for review of home H-Wave device and supplies for purchase and indefinite use.

IMR ISSUES, DECISIONS AND RATIONALES

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

Home H-Wave Device and supplies for purchase and indefinite use: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Home H-wave device and supplies for purchase and indefinite use Page(s): 117.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines H-wave, TENS Page(s): 113-117.

Decision rationale: Based on the 1/5/15 progress report provided by the treating physician, this patient presents with bilateral knee pain, left > right, and left leg sciatica that has remained unchanged. The treater has asked for H-WAVE on 1/19/15. The patient's diagnoses per Request for Authorization Form dated 1/19/15 are non-specific pain, dislocation of knee, and tear of medial/lateral cartilage/meniscus of knee. The patient is s/p bilateral knee arthroscopies, partial medial/lateral meniscectomies performed in 2014, and an unspecified right knee surgery in 2012 per 1/5/15 report. The patient is s/p Euflexxa injections, cortisone injections "which have failed" and a H-wave unit which is the "only thing that seems to help" per 1/5/15 report. The patient utilized the H-wave at no cost for evaluation from 10/29/14 to 1/14/15 per 1/19/15 report. The patient used the H-wave unit for 3 times per day, 6 days per week, less than 30 minutes per session per 1/19/15 report. The patient's work status is medically retired since 8/17/13. Per MTUS Guidelines, pages 113 - 116, "H-wave is not recommended as an isolated intervention, but a 1-month home-based trial of H-wave stimulation may be considered as a non-invasive conservative option for diabetic, neuropathic pain, or 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." MTUS further states "trial periods of more than 1 month should be justified by documentations submitted for review." MTUS also states that "and only following failure of initially recommended conservative care, including recommended physical therapy (i.e., exercise) and medications, plus transcutaneous electrical nerve stimulation (TENS)." Page 117. Guidelines also require "The one-month HWT trial may be appropriate to permit the physician and provider licensed to provide physical therapy to study the effects and benefits, and it should be documented (as an adjunct to ongoing treatment modalities within a functional restoration approach) as to how often the unit was used, as well as outcomes in terms of pain relief and function." In this case, the patient has used the H-wave unit for more than 2 months. The patient used the H-wave unit for 3 times per day, 6 days per week, less than 30 minutes per session per 1/19/15 report. The patient reports that the H-wave unit "helps relieve the pain." However, the included reports do not document the outcomes in terms of pain relief and function. There is no specific documentation regarding activities of daily living, and functional improvement in relation to use of H-wave. No reduction of medication use has been documented. The request IS NOT medically necessary.