

Case Number:	CM15-0046699		
Date Assigned:	03/18/2015	Date of Injury:	10/12/2007
Decision Date:	05/01/2015	UR Denial Date:	03/06/2015
Priority:	Standard	Application Received:	03/11/2015

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 66-year-old female who sustained an industrial injury on 10/12/07. The injured worker reported symptoms in the right knee. The injured worker was diagnosed as having status post right total knee arthroplasty. Treatments to date have included oral analgesics, home exercise program, home H-Wave unit, lumbar support orthosis, status post right knee arthroscopy on 8/2/11, status post right total knee arthroplasty on 3/12/13, pool exercises, and cane and activity modification. Currently, the injured worker complains of pain in the right knee. The plan of care was for home H-Wave device purchase and a follow up appointment at a later date.

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: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines H-wave stimulation (HWT).

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

Decision rationale: The patient presents with low back pain radiating to the right hip. The request is for home H-wave device purchase. The request for authorization is not provided. Patient is status-post right knee arthroscopy, 08/02/11, and right total knee arthroplasty, 03/12/13. She has undergone chiropractic care, physical therapy and massage therapy. She is to continue her home exercise regimen. Lumbar support orthosis is utilized to address symptomatic flare-ups when they occur. She reports occasional pain in her right knee. Patient is not working. Per MTUS Guidelines page 117, "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," and "only following failure of initially recommended conservative care, including recommended physical therapy (i.e., exercise) and medications, plus transcutaneous electrical nerve stimulation (TENS)." MTUS further states trial periods of more than 1 month should be justified by documentations submitted for review. Per progress report dated, 09/17/14, treater's reason for the request is patient "has decreased her medication intake and improved mobility due to the use of the device." Per UR letter dated, 03/06/15, peer review certified a three-month rental of an H-wave unit. Subsequent to this three-month rental, the treater is recommending and requesting that an H-wave unit be purchased for home use. Per progress, report dated, 03/16/15, treater states, "it had been proven beneficial with 70% reduction in her pain identified during clinical trial. This is the case as [the patient] has noted an increase in her tolerance of activity, a decrease in the routine use of medication, and has been able to more actively be involved in her home exercise program with the use of the H wave unit." Given the documentation of H-wave's functional benefit, the request is medically necessary.