

Case Number:	CM15-0049623		
Date Assigned:	03/25/2015	Date of Injury:	02/03/2009
Decision Date:	05/01/2015	UR Denial Date:	02/27/2015
Priority:	Standard	Application Received:	03/16/2015

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: Maryland, District of Columbia
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(n) 45 year old male, who sustained an industrial injury on 2/3/09. He reported pain in the bilateral knees related to a slip and fall accident. The injured worker was diagnosed as having bilateral knee ACL tear, left knee medial arthrosis and right knee medial meniscus tear. Treatment to date has included knee surgery, physical therapy, TENs unit and pain medications. As of the PR2 dated 2/20/15, the injured worker reports pain with lateral movement and right knee clicking. The treating physician noted range of motion 0-120 degrees. The treating physician requested an H-wave home unit for purchase.

IMR ISSUES, DECISIONS AND RATIONALES

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

1 Home H-Wave Unit Purchase: Overturned

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

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

Decision rationale: The injured worker is a 45 year old male, who sustained an industrial injury on 2/3/09. He reported pain in the bilateral knees related to a slip and fall accident. The injured worker was diagnosed as having bilateral knee ACL tear, left knee medial arthrosis and right knee medial meniscus tear. Treatment to date has included knee surgery, physical therapy, TENS unit and pain medications. As of the PR2 dated 2/20/15, the injured worker reports pain with lateral movement and right knee clicking. The treating physician noted range of motion 0-120 degrees. The treating physician requested an H-wave home unit for purchase. According to Chronic Pain Medical Treatment guidelines, one month trial of H wave stimulation is recommended for diabetic neuropathy and chronic soft tissue inflammation if used as an adjunct to a program of evidence based functional restoration, and only following a failure of initially recommended conservative care, including recommended physical therapy and medications, plus TENS. The trial period should be used to document the outcomes of the H wave therapy including pain relief and function. The employee had failed to show improvement with TENS unit and showed improvement of pain with the H wave trial. Hence, the request for purchase of one H wave therapy is medically necessary and appropriate.