

Case Number:	CM15-0082774		
Date Assigned:	05/05/2015	Date of Injury:	03/20/2015
Decision Date:	06/03/2015	UR Denial Date:	04/21/2015
Priority:	Standard	Application Received:	04/30/2015

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: Emergency 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 57 year old male, who sustained an industrial injury on 3/20/2014. He reported injury to his right knee while stepping down from a step onto an oily floor. The injured worker was diagnosed as having right knee sprain, plica syndrome, tear of medial meniscus, and tear of lateral meniscus. Treatment to date has included crutches, braces, right knee arthroscopic surgery 10/2014, acupuncture, physical therapy, home exercise, and medications. The PR2 report, dated 12/15/2014) noted good temporary benefit with H wave unit in physical therapy, with recommendation for home unit. Magnetic resonance imaging of the right knee (7/28/2014 was referenced. On 2/09/2015, the injured worker complained of pain and chronic soft tissue inflammation, but reported relief from H wave treatments both in clinic and at home. He rated morning pain at 8/10 and current pain 4/10. He also reported left knee pain, compensation for the right knee, noting that injection on 12/19/2014, gave some benefit. His work status was total temporary disability. Exam of the right knee noted mild effusion, tenderness to palpation, and healed wound. The treatment plan included home use of H wave device, purchase. The injured worker did not show for appointment on 3/16/2015. On 4/03/2015, he was seen for corticosteroid injection in the right knee. The use of H-wave device was not described currently.

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/indefinite use) for the right knee: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines H-Wave Stimulation Page(s): 117-118.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines H- Wave Stimulation (HWT) Page(s): 117-118.

Decision rationale: The requested Home H-Wave Device (purchase/indefinite use) for the right knee, is not medically necessary. CA MTUS Chronic Pain Treatment Guidelines, Pages 117-118, H-Wave Stimulation (HWT), noted 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 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, including recommended physical therapy (i.e., exercise) and medications, plus transcutaneous electrical nerve stimulation (TENS)." The injured worker has pain and chronic soft tissue inflammation, but reported relief from H wave treatments both in clinic and at home. The treating physician has documented the right knee noted mild effusion, tenderness to palpation, and healed wound. The treating physician has not documented detailed information regarding TENS trials or their results. The criteria noted above not having been met, Home H-Wave Device (purchase/indefinite use) for the right knee is not medically necessary.