

Case Number:	CM15-0086348		
Date Assigned:	05/08/2015	Date of Injury:	12/22/2006
Decision Date:	06/11/2015	UR Denial Date:	04/10/2015
Priority:	Standard	Application Received:	05/05/2015

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: Texas, Illinois

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:

The injured worker is a 67-year-old female who sustained a work related injury December 22, 2006. According to a treating orthopedic physician's progress notes, dated March 2, 2015, the injured worker presented for re-evaluation of her bilateral knees. She is s/p left knee diagnostic and operative arthroscopy, November 19, 2010. During her last visit, she received a Synvisc injection to the right knee, which was beneficial and provided with bilateral orthotics. She complains of left knee pain with achiness and stiffness as well as swelling with prolonged weight bearing activities. Physical examination of the bilateral knees is unchanged. There is tenderness to palpation along the medial and lateral joint lines, positive patellofemoral crepitation, and positive grind; range of motion 0-120 degrees, strength 4/5. Diagnoses are right knee medial meniscal tear with underlying osteoarthritis (last Synvisc 1/20/2015); s/p Synvisc One injection of the left knee October, 2014. Treatment plan includes continue conservative modalities; rest, ice, anti-inflammatories and analgesics for bilateral knee. At issue, is a request for authorization of an H-Wave unit.

IMR ISSUES, DECISIONS AND RATIONALES

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

DME: H-wave: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation California H-Wave, H Wave Stimulator (HWT).

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

Decision rationale: The injured worker sustained a work related injury on December 22, 2006. The medical records provided indicate the diagnosis of right knee medial meniscal tear with underlying osteoarthritis (last Synvisc 1/20/2015); s/p Synvisc One injection of the left knee October, 2014. Treatments have included Synvisc injection to the right knee, which was beneficial and provided with bilateral orthotics. The medical records provided for review do not indicate a medical necessity for DME: H-wave. The MTUS does not recommend 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 medical records indicate the request for physical therapy was denied; there is no evidence the injured worker has been tried with TENS unit, or failed treatment with TENS unit. Therefore, the request is not medically necessary.