

Case Number:	CM14-0006942		
Date Assigned:	02/07/2014	Date of Injury:	11/30/2012
Decision Date:	06/25/2014	UR Denial Date:	01/03/2014
Priority:	Standard	Application Received:	01/18/2014

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. The expert reviewer is Board Certified in Orthopedic Surgery, and is licensed to practice in California, Oklahoma, and Texas. 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/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

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 40 year old female who sustained an injury on 11/30/12 when she was struck by a vehicle crossing a street. The injured worker sustained a subchondral fracture of the lateral tibial plateau. Prior treatment included physical therapy. MRI did not identify any extensive tearing of the menisci. Further aggressive physical therapy was recommended. The injured worker was seen on 11/20/13 with continuing complaints of left lateral knee pain. No specific physical examination findings were noted. An updated MRI was recommended at this evaluation. The requested H-wave unit was denied by utilization review on 01/03/14.

IMR ISSUES, DECISIONS AND RATIONALES

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

ONE (1) H-WAVE UNIT: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation MTUS: CHRONIC PAIN MEDICAL TREATMENT GUIDELINES, Page 117.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Chronic Pain Medical Treatment Guidelines Transcutaneous Electrotherapy, Page(s): 114-116.

Decision rationale: In regards to the requested H-Wave unit, guidelines recommend the use of H-wave stimulation as a trial as an adjunct in combination with an evidence based functional

restoration program to address neuropathic pain or chronic soft tissue inflammation. In this case the injured worker sustained a lateral tibial plateau subchondral fracture which had since healed. There was no indication from the clinical records provided for review that the injured worker continued with functional restoration program or formal plan of physical therapy in which an H-wave unit could be reasonably used as an adjunct. There is also no discussion regarding appropriate trial of H-wave unit that has resulted in functional improvement or pain reduction or the reduction in medication usage. Given the insufficient documentation regarding the efficacy from an H-wave unit trial, and as there is no indication that this unit would be used in conjunction with a formal plan of rehabilitation, this reviewer would not have recommended certification for the request.