

Case Number:	CM14-0132910		
Date Assigned:	09/19/2014	Date of Injury:	05/05/2009
Decision Date:	10/17/2014	UR Denial Date:	07/22/2014
Priority:	Standard	Application Received:	08/19/2014

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 Physical Medicine and Rehabilitation and is licensed to practice in California. 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 32-year-old female who reported injury on 05/05/2009. The mechanism of injury was not provided. The diagnoses include status post right knee patellofemoral arthroplasty and small sub-patellar joint effusion. The past treatments included medication and H-wave stimulation. The progress note dated 07/03/2014 noted the injured worker complained of pain rated 3/10 to 5/10 and stated she had run out of medication 4 weeks prior, and her H wave device was not working. The physical exam noted the right knee was not swollen, and the handwritten exam was otherwise difficult to read. The medications included Norco 7.5/325mg approximately 3 times per week and Naproxen Sodium 550mg approximately 3 times to 4 times per week, last taken 4 weeks prior. The treatment plan recommended was to continue the home exercise program, refill the Norco and Naproxen, and to repair/replace the home H-wave device. The Request for Authorization Form was not submitted for review.

IMR ISSUES, DECISIONS AND RATIONALES

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

Repair/Replacement of Home H-Wave: Upheld

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 Transcutaneous Electrotherapy Page(s): 114-117.

Decision rationale: The request for Repair/Replacement of Home H-Wave is not medically necessary. The injured worker complained of unspecified pain rated 3/10 to 5/10. She reported not using her medication due to running out, and not using the H-wave device due to its not working. There was no explanation given of the cause of malfunction of the H wave device. The California MTUS Guidelines do not recommend the H-wave device as an isolated intervention. It may be considered as a non-invasive conservative option for diabetic neuropathy or chronic soft tissue inflammation when used as an adjunct to a program of evidence-based functional restoration, and only following failure of initially-recommended conservative care. The guidelines support the continued use of the device only after documented measured improvement of pain and function. The documentation should include how often the unit was used, as well as the outcomes in terms of pain relief and function. There is a lack of evidence of neuropathic pain or chronic soft tissue inflammation. There is a lack of evidence to indicate that a functional restoration program is being used. Furthermore, there is a lack of documentation of the effectiveness of the H-wave device. There is no indication of previous functional or pain improvement with the use of the H-wave device. As such, the continued use of the H-wave device is not supported at this time. Therefore, the request is not medically necessary.

Urine Drug Screen: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, screening for risk of addiction (tests).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Drug testing Page(s): 43.

Decision rationale: The request for Urine Drug Screen is not medically necessary. The injured worker was prescribed Norco for her pain. She was reportedly taking 1 tablet approximately 3 times a week. On the progress note dated 07/03/2014, she was reported to have run out of her medication. The California MTUS Guidelines recommend urine drug screening as an option to assess for the use or presence of illegal drugs with ongoing opioid treatment, and as a screening for misuse of or addiction to opioids. The documentation provided did not indicate a specific aberrant drug behavior assessment; however, the injured worker did run out of her medications, but it was not clear when the last prescription was filled. It is also unclear when the last urine drug screening was performed. As such, a urine drug screening is not indicated at this time. Therefore, the request is not medically necessary.