

Case Number:	CM14-0141035		
Date Assigned:	09/10/2014	Date of Injury:	04/30/2014
Decision Date:	10/14/2014	UR Denial Date:	08/20/2014
Priority:	Standard	Application Received:	09/02/2014

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 Family Medicine and is licensed to practice in Texas and Mississippi. 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 62 year old female who reported injury on 04/30/2014. The mechanism of injury was a fall. Diagnoses included right knee pain and right knee swelling. The past treatments included transcutaneous electrical nerve stimulation (TENS) unit, without improvement, physical therapy, and medication. Surgical history noted a right total knee arthroplasty in December of 2013. The physical therapy note, dated 06/16/2014, noted the injured worker complained of tightness, stiffness, and 5/10 pain with movement prior to the H-wave treatment, then 1-2/10 pain with less tightness, and easier to bend was noted after the 30-45 minute H-wave treatment, at frequency settings of 7.0 and 9.0. The physical exam noted 5/5 motor strength of the right knee, and right knee extension to +11 and flexion to 100, prior to treatment. On 07/15/2014, the physician's progress note documented the injured worker used the H-wave unit for 50-60 minutes twice a day during the one month at home trial, and reported increased function, he was able to stand longer, sleep better and pain improved for a few hours. H-wave treatment goals were listed as reduction or elimination of pain, reduction or prevention of the use of oral medication, improved functional capacity and activities of daily living, improved circulation at the injured region, to decrease or prevent muscle spasm, and to provide a self-management tool. The progress note dated, 08/22/2014, noted the injured worker reported the use of the H-wave helped with knee swelling, but continued to have pain, rated 5/10. The physical exam noted 5/5 motor strength to the right knee, extension to +10 and flexion to 110. Medications included none. The treatment plan requested to continue exercises for strength and stability, and to continue H-wave use for swelling. The Request for Authorization form was submitted for review on 07/15/2014.

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: 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): 117-118.

Decision rationale: The injured worker had right knee pain and swelling after a fall. He was noted to have 5/10 pain, 5/5 motor strength, extension to +11 and flexion to 100 to the right knee prior to H-wave trial, and 5/10 pain, 5/5 motor strength, extension to +10 and flexion to 110 to the right knee after the H-wave trial with physical therapy. The California MTUS guidelines note H-Wave is not recommended as an isolated intervention, but a one-month home-based trial of HWave 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 one-month HWT trial may be appropriate to permit the physician and provider licensed to provide physical therapy to study the effects and benefits, and it should be documented (as an adjunct to ongoing treatment modalities within a functional restoration approach) as to how often the unit was used, as well as outcomes in terms of pain relief and function. Rental would be preferred over purchase during this trial. The injured worker used the H-wave unit for 50-60 minutes twice a day during the one month at home trial, and reported increased function, he was able to stand longer, sleep better and pain improved for a few hours. There is a lack of documentation demonstrating the injured worker had decreased medication usage with the unit. There is a lack of documentation indicating significant quantifiable objective functional improvement. As such, the continued use of the H-wave is not supported. Therefore the request for purchase of the H-wave is not medically necessary.