

Case Number:	CM14-0024498		
Date Assigned:	06/11/2014	Date of Injury:	12/04/2012
Decision Date:	08/18/2014	UR Denial Date:	02/21/2014
Priority:	Standard	Application Received:	02/26/2014

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 Occupational Medicine 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 claimant was injured on 12/04/12. She injured her right knee. A home H wave device with TENS/cold therapy is under review. It was prescribed by [REDACTED] on 05/12/14 because of pain. She reportedly tried a TENS unit in clinic and said it didn't really help. She has chronic pain involving the low back, right ankle, and right knee and is status post ACL reconstruction in January 2013 & synovectomy in April 2014. Details of the TENS trial are unknown. She used the H wave unit for 9 days starting on 08/28/13. She stated it helped her more than previous treatment. She was able to increase her daily activities. She was not taking medications. It helped by 20%. She used it twice a day for 30-45 minutes. She continued using it for 278 days. Again she reported 20% improvement.

IMR ISSUES, DECISIONS AND RATIONALES

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

HOME H-WAVE DEVICE (TENS, COLD THERAPY): Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines TENS UNIT.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines H wave stimulation, TENS Page(s): 146-147. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Knee, Continuous-flow cryotherapy.

Decision rationale: The claimant reported no improvement with TENS and the H wave unit was tried for 278 days. There is no evidence of significant relief of chronic pain from its use as she reported only 20% improvement and it is not clear what other criteria were used to support that the trial was successful, for instance, objective measurable or functional improvement. It is not clear whether she was exercising in conjunction with the use of this type of device. The medical necessity of has not been clearly demonstrated. In this case, the use of TENS is not supported as the claimant tried TENS and did not receive significant pain relief. An H wave unit was then provided to her. The medical necessity of a TENS unit has not been demonstrated. The ODG state regarding continuous-flow cryotherapy devices recommended as an option after surgery, but not for nonsurgical treatment. This type of device has not been shown in the evidence based literature to be more beneficial than simple cold packs for chronic knee pain. The claimant underwent knee surgery but it is not clear whether a cold therapy unit was provided during the week following surgery or for chronic pain at a different time. The submitted documentation does not provide information to support its use. The medical necessity of this type of unit has not been demonstrated.