

Case Number:	CM14-0087381		
Date Assigned:	07/23/2014	Date of Injury:	06/29/2012
Decision Date:	09/25/2014	UR Denial Date:	05/15/2014
Priority:	Standard	Application Received:	06/10/2014

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. 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:

This is a 39-year-old male who was sustained a vocational injury on 06/29/12 when he was walking backwards and hit the back of his heel. The medical records provided for review document that the claimant underwent partial medial meniscectomy and synovectomy on 01/30/14. The office note dated 04/23/14 documented diagnoses of chronic sprain/strain of the thoracolumbar spine and associated musculoligamentous structures, abnormal MRI findings of the thoracic spine with early degenerative disc disease, left L5 radiculopathy and lumbar facet arthropathy, post injury depressive and stress reaction secondary to pain and instability, status post left knee arthroscopy with recurrent meniscus tear, overuse syndrome of the right knee due to compensatory issues of the left knee, overuse syndrome of the back due to the left knee injury, irregularity and partial thickness chondral loss overlying the medial patellar facet extending into the medial patellar ridge of the left knee, medial meniscus tears with prior intervention on the left knee, status post diagnostic arthroscopy of the left knee with partial medial and lateral meniscectomy, chondroplasty of the patella, and partial synovectomy with resection of the medial synovial plica, surgery of the right knee for partial medial meniscectomy and synovectomy, abnormal MRI of the lumbar spine with straightening of the lumbar lordotic curve, disc desiccation at L4-5 and L5-S1, and Grade I retrolisthesis of L5 over S1. The office note also documented that the claimant was undergoing rehabilitation for his knee with benefit from the H-wave treatments that decreased pain and the need for pain medication. Examination of the knees revealed minimal swelling and the claimant ambulated with the assistance of a cane, favoring both knees. The recommendation was made for a pain consultation. This review is for the request 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:

H-wave unit: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official disabilities guidelines.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines H-Wave stimulation Page(s): 117-118.

Decision rationale: The California Chronic Pain Medical Treatment Guidelines recommend that an H-wave unit may be used on a home-based trial for one month as a noninvasive conservative option for diabetic neuropathic pain or chronic soft tissue inflammation if used as an adjunct to a program of evidenced-based functional restoration, and only following failure of initially recommended conservative care, including recommended physical therapy and medications plus transcutaneous electrical nerve stimulation. There is no documentation in the records provided for review that the claimant has diabetic neuropathy or abnormal objective findings on physical examination consistent with chronic soft tissue inflammation. There is a lack of documentation that the claimant has previously used transcutaneous electrical nerve stimulation which is considered first line durable medical equipment prior to considering H-wave stimulation. In addition, there is a lack of documentation the claimant has attempted, failed, and exhausted all tradition first line conservative treatment options such as physical therapy, exercise, medications as well as transcutaneous electrical nerve stimulation. Therefore, based on the documentation presented for review and in accordance with California Chronic Pain Medical Treatment Guidelines, the request for the H-wave unit cannot be considered medically necessary. In addition, the H-wave unit is typically prescribed and authorized on a one month home trial and the request is not clear if this would be for purchase or for rental, which would be necessary to know prior to considering medical necessity. Therefore, H-wave unit is not medically necessary and appropriate.