

Case Number:	CM14-0195946		
Date Assigned:	12/03/2014	Date of Injury:	06/14/2011
Decision Date:	01/15/2015	UR Denial Date:	11/11/2014
Priority:	Standard	Application Received:	11/22/2014

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:

This individual is a 44 y/o female who has developed chronic knee and low back pain subsequent to a slip and fall on 6/14/11. She has been diagnosed with chronic low back pain with radiculitis. MRI studies are consistent with this diagnosis. She has been treated with lumbar epidural injections x 2 with minimal success. She also has been diagnosed with a right knee meniscal tear and chondromalasia. Arthroscopy was performed with meniscal resection and abrasion chondroplasty. Grade IV changes were noted on the tibial plateau. She has completed 24 sessions of postoperative physical therapy and is independent with her gait even though there is residual pain. Her BMI is 51. In the records sent for review, there is no mention of prior TENS unit trials, an H-wave trial or any objective benefits from an H-wave trial.

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: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 120-127.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Transcutaneous Electrotherapy Page(s): 118.

Decision rationale: MTUS Guidelines allow for H-wave therapy under very specific criteria. These criteria include failure of TENS treatment, a successful 30 trial with improved pain and less reliance on other medical treatment (i.e. improved function and diminished use of pain medications). There is no documentation in the records sent for review that the criteria have been met. With the request for a significant extension physical therapy, it appears reasonable to conclude that any H-wave treatment did not result in diminished need for treatment. At this point in time, the H-wave unit is not medically necessary.

Physical therapy 2-3 times a week for 4-6 weeks: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 5 Cornerstones of Disability Prevention and Management Page(s): 83, Chronic Pain Treatment Guidelines Page(s): 103.

MAXIMUS guideline: Decision based on MTUS Postsurgical Treatment Guidelines Page(s): 24.

Decision rationale: MTUS Guidelines consider up to 24 sessions of postoperative therapy as adequate for chondroplasty (arthroplasty) surgery of the knee. This patient has completed this amount of physical therapy and it is documented that her gait is independent, but pain persists. A few more sessions to lead to an independent program may be reasonable, but there is no demonstrable need for up to 18 sessions of continued direct hands on physical therapy. Therefore, the request for physical therapy 2-3 times a week for 4-6 weeks is not medically necessary.