

Case Number:	CM15-0014977		
Date Assigned:	02/02/2015	Date of Injury:	11/16/2011
Decision Date:	05/29/2015	UR Denial Date:	12/23/2014
Priority:	Standard	Application Received:	01/26/2015

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. 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/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:

State(s) of Licensure: California

Certification(s)/Specialty: Physical Medicine & Rehabilitation

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 56 year old female, who sustained an industrial injury on 11/16/2011. The initial complaints or symptoms included pain/injury to the right knee. The initial diagnoses were not mentioned in the clinical notes. Treatment to date has included conservative care, medications, x-rays, MRIs, right knee surgery (05/21/2014), electrodiagnostic testing, physical therapy, and chiropractic treatments. Currently, the injured worker complains of intermittent low back pain with radiation into the right lower extremity with numbness and tingling in the right lower limb, constant pain in the right knee with swelling, and intermittent pain in the left knee. The diagnoses include bilateral upper extremity tendinitis, left chronic knee sprain, and lumbar disc disease with radiculitis. The treatment plan consisted of purchase of home H-wave device.

IMR ISSUES, DECISIONS AND RATIONALES

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

Durable Medical Equipment: Home H-Wave Device for purchase: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ACOEM Chronic Pain Disorders, H-Wave Stimulation (HWT).

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

Decision rationale: This patient presents with chronic knee pain and is status post right knee surgery on 05/21/14. The Request for Authorization is not provided in the medical file. The current request is for Durable Medical Equipment Home H-Wave Device for Purchase. Treatment to date has included medications, x-rays, MRIs, right knee surgery (05/21/2014), electro diagnostic testing, physical therapy, knee injections and chiropractic treatments. The patient has not worked since 2012. The MTUS Guidelines page 117-118, supports a 1-month home-based trial of H-wave treatment 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, medications plus TENS. The medical file provided for review includes two progress reports dated June 3, 2014 and August 21, 2014. Neither of these reports provide any discussion regarding the requested H wave device. Physical therapy progress note dated July 7, 2014 indicates that the patient was utilizing a TENS unit at home to help manage pain. The Utilization review letter dated December 23, 2014 references a progress report from December 16, 2014, which was not provided for my review. According to this report, the patient reported decrease in need of oral medication and improvement in overall function after using an H wave unit. It is unclear when and for how long the patient used the H wave unit. It appears that the patient has tried the H-wave unit with some relief; however, pain relief is not quantified and there is no specific functional improvement noted. Furthermore, the treating physician does not clearly document TENS unit failure. The requested H-wave for purchase is not medically necessary.