

Case Number:	CM15-0016195		
Date Assigned:	02/04/2015	Date of Injury:	04/10/2012
Decision Date:	03/26/2015	UR Denial Date:	01/05/2015
Priority:	Standard	Application Received:	01/28/2015

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: Pennsylvania

Certification(s)/Specialty: Internal Medicine, Hospice & Palliative Medicine

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 51-year-old male, who sustained an industrial injury on April 10, 2012. The diagnoses have included right knee arthroscopic partial meniscectomy, femoral trochlear micro fracture chondroplasty, probable left knee meniscus tear, lumbar strain and left trochanteric bursitis. A progress note dated December 19, 2014 provides the injured worker stopped using oral medication due to decreased pain while using the H-wave device twice daily. He reports increased function of walking more and further, standing longer, sleeping better, lifting more and able to do more housework. On January 5, 2015 utilization review non-certified a request for H-Wave device- purchase right knee. The Medical Treatment Utilization Schedule (MTUS) and Official Disability Guidelines (ODG) were utilized in the determination. Application for independent medical review (IMR) is dated January 28, 2015.

IMR ISSUES, DECISIONS AND RATIONALES

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

H-Wave Device- purchase right knee: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines H-wave stimulation (HWT) Page(s): 117.

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

Decision rationale: The MTUS Guidelines do not recommend use of H-wave stimulation as an isolated treatment. A one-month home-based trial can be considered for those with diabetic neuropathy or chronic inflammation if it is being used along with an evidence-based functional restoration program. The appropriately selected workers are those who have failed conservative treatment that included physical therapy, pain medications, and TENS. Documentation during the one-month trial should include how often the home H-wave device was used, the pain relief achieved, and the functional improvements gained with its use. The submitted and reviewed documentation indicated the worker was suffering from left knee medial meniscal tear, secondary lumbar strain, and a prior left trochanteric bursitis. These records reported the worker had significantly decreased pain intensity and improved function with a three-week H-wave trial. However, there was no discussion suggesting the worker had diabetic neuropathy or active symptoms related to chronic inflammation. There was also no discussion describing which specific treatments the symptoms had failed. In the absence of such evidence, the current request for the purchase of an H-wave device for the right knee is not medically necessary.