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| Case Number: | CM15-0123986 | | |
| Date Assigned: | 07/08/2015 | Date of Injury: | 04/13/2011 |
| Decision Date: | 08/05/2015 | UR Denial Date: | 05/22/2015 |
| Priority: | Standard | Application Received: | 06/26/2015 |

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: Arizona, California
 Certification(s)/Specialty: Family Practice

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 04/13/2011. There was no mechanism of injury documented. The injured worker was diagnosed with chronic knee pain. The injured worker is status post right total knee replacement in September 2013. Treatment to date has included diagnostic testing, surgery, physical therapy, Synvisc injections, tru-pull brace, home exercise program, transcutaneous electrical nerve stimulation (TEN's) unit, H-wave trial, functional restoration program (FRP) evaluation and medications. According to the primary treating physician's progress report on May 14, 2015, the injured worker continues to experience right knee pain. The injured worker rates his pain level at 5/10 with medications and 8/10 without medications. Examination demonstrated tenderness along the surgical incision with moderate swelling and tenderness to palpation over the lateral, medial joint lines, patella, tibial tubercle, patella ligament and popliteal fossa. There was a moderate effusion of the right knee joint noted. Range of motion is restricted with flexion to 130 degrees and extension limited to -5 degrees. Motor testing was limited by pain with motor strength of the right knee extensors and flexors at 4/5. The deep tendon reflexes on the right side documented knee jerk at 2/4 and ankle jerk at 1/4. Left knee range of motion and motor strength were within normal limits. Deep tendon reflexes on the left noted knee jerk at 3/4 and Achilles reflex at 1/4. Sensory was intact bilaterally. The injured worker had a right sided slow, antalgic gait. The injured worker is Permanent & Stationary (P&S). Current medications are listed as OxyContin, MsContin, Celebrex, Colace and Voltaren Gel. Treatment plan consists of continuing medication regimen, home exercise program and the current request for a Home H-wave purchase.

IMR ISSUES, DECISIONS AND RATIONALES

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

Home H-Wave Device Purchase/Indefinite Use: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 117.

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

Decision rationale: According to the guidelines an H-wave unit is not recommended but a one month trial may be considered for diabetic neuropathic pain and chronic soft tissue inflammation if used with a functional restoration program including therapy, medications and a TENS unit. There is no evidence that H-Wave is more effective as an initial treatment when compared to TENS for analgesic effects. In fact, H-wave is used more often for muscle spasm and acute pain as opposed to neuropathy or radicular pain. In this case, the claimant did not improve with a TENS but obtained 50% relief from the H-wave. The claimant had undergone therapy and used medications. Although continued use of an H-wave may be appropriate long-term use benefits are unknown and therefore purchase for indefinite use is not medically necessary.