

Case Number:	CM15-0124976		
Date Assigned:	07/09/2015	Date of Injury:	06/11/2004
Decision Date:	09/22/2015	UR Denial Date:	05/29/2015
Priority:	Standard	Application Received:	06/29/2015

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: New York

Certification(s)/Specialty: Internal 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 69 year old female, who sustained an industrial injury on 06/11/2004. She reported injuring her head, neck, and left knee after a fall at work. The injured worker is currently temporarily totally disabled. The injured worker is currently diagnosed as having left knee lateral compartment arthrosis with grade IV chondromalacia, left knee lateral subtotal meniscectomy, and left knee pain. Treatment and diagnostics to date has included left knee surgeries with most recent surgery dated 09/08/2014, postoperative physical therapy, use of neoprene knee sleeve, and medications. In a progress note dated 03/05/2015, the injured worker was status post left knee arthroscopy on 09/08/2014, had completed 18 of 24 postoperative physical therapy sessions, and reported the H-wave has been very helpful in alleviating her left knee pain. Objective findings include well healed incisions to left knee, pain with lateral left knee range of motion, and tenderness along the lateral femoral condyle and lateral joint line. The treating physician reported requesting authorization for H-wave gel.

IMR ISSUES, DECISIONS AND RATIONALES

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

H-Wave gel: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines H-wave stimulation (HWT) Page(s): 117-118.

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

Decision rationale: According to California MTUS Chronic Pain Medical Treatment Guidelines, H-wave stimulation (HWT) is "not recommended as an isolated intervention, but a one-month home based trial of H-Wave stimulation may be considered 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 (i.e. exercise) and medications, plus transcutaneous electrical nerve stimulation (TENS). There is no evidence that H-Wave is more effective as an initial treatment when compared to TENS for analgesic effects". Documentation provided for review fails to show that the injured worker has undergone a successful trial of H-wave or has a diagnosis fitting the criteria listed above. Being that the medical necessity for use of H-wave stimulation has not been established, the request for H-wave conductive gel is not medically necessary.