

Case Number:	CM15-0033809		
Date Assigned:	02/27/2015	Date of Injury:	07/13/2013
Decision Date:	04/13/2015	UR Denial Date:	02/03/2015
Priority:	Standard	Application Received:	02/23/2015

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 was a 63 year old male, who sustained an industrial injury, July 13, 2013. The injured was sustained when the injured worker was trying to connect two carts together and the left side of the body got pinned between the two carts, due to the brakes failing. According to progress note of February 10, 2015, the injured workers chief complaint was left knee pain and slow progression. The left knee pain was located on the inner side. The pain was severe and constant. According to the request the injured worker was using a TENS unit, but it was not strong enough. The injection lasted about two weeks. The injured worker wears a left knee brace and a cane for ambulation. The physical exam of the left noted a flexion of 95 degrees out of 135 degrees, extension was 3 out of 5, planter flexion was 4 out of 5 and ankle dorsiflexion was 4 out of 5. There was moderate tenderness to palpation over the entire medial knee. The injured worker was diagnosed with sprain of the neck, sprain/strains of the knee and leg and status post left knee arthroscopic surgery. The injured worker previously received the following treatments physical therapy, CT of the left knee, MRI of the left shoulder, X-rays of the neck, left knee and left shoulder, CT scan of the left shoulder, left shoulder surgery, hydrocodone, TENS (transcutaneous electrical nerve stimulator) unit, narcotic injections, left knee arthroscopy, X-rays February 10, 2015, left knee brace and a cane. On December 3, 2014 the injured worker had an H-wave evaluation and the pain was better after the evaluation treatment to he left shoulder and left knee. On December 3, 2014, the primary treating physician requested authorization for an H-wave device purchase E1399, for the left knee and left shoulder. On February 3, 2015, the

Utilization Review denied authorization for an H-wave device purchase E1399. The denial was based on the MTUS/ACOEM and ODG guidelines.

IMR ISSUES, DECISIONS AND RATIONALES

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

H-Wave Device for Purchase: Overturned

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 Units Page(s): 117-118.

Decision rationale: This patient presents with neck, left shoulder, and left knee pain. The patient is status post left shoulder arthroscopy from 03/25/2014. The treater is requesting an H WAVE DEVICE FOR PURCHASE. The RFA from 01/20/2013 shows a request for home H wave device. The patient's date of injury is from 07/13/2013 and his current work status was not made available. The MTUS Guidelines pages 117 to 118 support a 1-month home-based trial of H-wave treatments as a noninvasive conservative option for diabetic neuropathy or chronic soft tissue inflammation, if used as an adjunct to a program of evidence-based functional restoration and only following failure of initial recommended conservative care including recommended physical therapy, medications, TENS. The report dated 01/13/2015 shows as standard H Wave form. In this report, the patient was noted to have trialed the H wave unit from 12/03/2014 to 01/06 2015. The treater further states that with the use of the H Wave device the patient reports increased function including better sleep and overall comfort. The patient also made the following statement, "The TENS unit was not strong enough, H Wave is better." The patient utilized the H Wave device two times per day, seven days a week for 30 to 40 minutes. In this case, the patient reports some benefit to the use of the H wave unit and a purchase is reasonable. The request IS medically necessary.