

<b>Case Number:</b>	CM15-0068383		
<b>Date Assigned:</b>	04/16/2015	<b>Date of Injury:</b>	11/19/2014
<b>Decision Date:</b>	05/19/2015	<b>UR Denial Date:</b>	03/10/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	04/10/2015

### 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 42-year-old male who sustained an industrial injury on November 19, 2014. He has reported injury to the right knee and has been diagnosed with internal derangement of the right knee with possible meniscal tear, possible loose fragment, or cartilage injury resulting in loose body fragment. Treatment has included modified work duty, physical therapy, and medications. Currently the injured worker had slight swelling in the knee joint with some tenderness anterolaterally along the joint line. The treatment request included a H-wave unit and xanax.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**H-Wave Unit:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines.

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

**Decision rationale:** The patient presents with right knee pain. The request is for H-WAVE UNIT. The provided RFA is dated 01/07/15 and the patient's date of injury is 11/19/14. The diagnoses include internal derangement of the right knee with possible meniscal tear, possible loose fragment, or cartilage injury resulting in loose body fragment. Per 03/09/15 report, physical examination of the right knee revealed swelling with the patellofemoral and medial hemijoint pain. MRI of the right knee performed on 01/27/15, revealed findings suggestive of a bucket-handle tear arising from the anterior horn of the medial meniscus with the meniscal fragment being displaced anterior to the posterior cruciate ligament. There is partial thickness tear versus tendinosis of the proximal anterior cruciate ligament and Chondromalacia patella. Treatment has included modified work duty, physical therapy, and medications. The patient was working 45 hours a week, on modified duty. MTUS Guidelines page 117 states, "H-wave is not recommended as an isolated intervention, but a 1-month home-based trial of H-wave stimulation may be considered as a non-invasive 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." "And only following failure of initially recommended conservative care, including recommended physical therapy (i.e., exercise) and medications, plus transcutaneous electrical nerve stimulation (TENS)." MTUS further states trial periods of more than 1 month should be justified by documentations submitted for review. Per 01/07/15 report, treater states, "patient insists on H-wave and wants Rx." Per MTUS, H-wave is not intended as an isolated intervention. The patient presents with soft tissue inflammation in the right knee for which H-wave would be indicated. However, there is lack of documentation that the patient has trialed a TENS unit. Furthermore, the request does not mention that the patient has had a successful trial of H-wave for one month as required by MTUS. The request for H-wave unit is not in accordance with guidelines. Therefore, the request IS NOT medically necessary.

**Unknown Prescription of Xanax .5 MG:** Overtured

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Benzodiazepines Page(s): 24.

**Decision rationale:** The patient presents with right knee pain. The request is for UNKNOWN PRESCRIPTION OF XANAX .5MG. The provided RFA is dated 01/07/15 and the patient's date of injury is 11/19/14. The diagnoses include internal derangement of the right knee with possible meniscal tear, possible loose fragment, or cartilage injury resulting in loose body fragment. Per 03/09/15 report, physical examination of the right knee revealed swelling with the patellofemoral and medial hemijoint pain. MRI of the right knee performed on 01/27/15, revealed findings suggestive of a bucket-handle tear arising from the anterior horn of the medial meniscus with the meniscal fragment being displaced anterior to the posterior cruciate ligament. There is partial thickness tear versus tendinosis of the proximal anterior cruciate ligament and Chondromalacia patella. Treatment has included modified work duty, physical therapy, and medications. The patient was working 45 hours a week, on modified duty. MTUS Chronic Pain Medical Treatment Guidelines, page 24 states, "benzodiazepines are not recommended for long-term use

because long-term efficacies are unproven and there is a risk of dependence." Per 01/07/15 report, treater states, "The patient went to get an MRI but was told his leg was shaking too much to get it done and they told him he needed to "get a pill" from us. To accommodate, Xanax 0.5mg x 1 was provided." MTUS only recommends short-term use (no more than 4 weeks) for benzodiazepine. The retrospective request for 1 tablet of Xanax appears to have been necessary to relieve the patient's anxiety and complete the MRI. Therefore, the retrospective request for 1 tablet of Xanax IS medically necessary.