

Case Number:	CM15-0073166		
Date Assigned:	04/23/2015	Date of Injury:	11/18/2013
Decision Date:	06/02/2015	UR Denial Date:	03/30/2015
Priority:	Standard	Application Received:	04/16/2015

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, Pulmonary Disease

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 31 year old, female who sustained a work related injury on 11/18/13. The diagnoses have included medial meniscus tear in knee, pain in knee joint and patella chondromalacia. The treatments have included physical therapy including TENS unit, massage and heat/cold therapy, home exercises and medication. In the Evaluation/Progress Notes dated 1/20/15, she complains of continued pain in left knee with prolonged standing or walking. In the Evaluation/Progress Notes dated 1/29/15, the injured worker is tolerating treatments well. The treatment plan is a recommendation for a home H-wave unit.

IMR ISSUES, DECISIONS AND RATIONALES

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

1 Purchase of a Home H Wave Device: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 13 Knee Complaints, Chronic Pain Treatment Guidelines.

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

Decision rationale: The patient is a 31 year old female with an injury on 11/18/2013. She has left knee pain. She has been treated with a TENS unit, physical therapy, massage, medication and a home exercise program. MTUS guidelines note that H wave units are not recommended as a primary treatment. In addition, the patient continues to have pain despite treatment with a TENS unit and MTUS guidelines note that there is no documentation that an H wave unit provides greater efficacy than the TENS unit. The purchase of a home H wave unit is not medically necessary.