MAXIMUS Federal Services

Case Number:	CM15-0076646		
Date Assigned:	04/28/2015	Date of Injury:	09/28/2012
Decision Date:	05/26/2015	UR Denial Date:	04/09/2015
Priority:	Standard	Application Received:	04/21/2015

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: Florida
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 35 year old male, who sustained an industrial injury on 9/28/12. He reported tripping over a pile of wood and injuring his right knee. The injured worker was diagnosed as having chondromalacia of the patella. Treatment to date has included an ACL reconstruction in 2013, physical therapy and pain medications. On 11/11/14, the injured worker reported mild to moderate pain in the right knee. As of the PR2 dated 3/31/15, the injured worker reports increased right knee pain. The treatment plan includes continuing oral medications and an H-wave unit. The treating physician requested an H-wave for the right knee for home use.

IMR ISSUES, DECISIONS AND RATIONALES

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

H-wave for the right knee for home use: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines H-wave device Page(s): 151.

Decision rationale: MTUS guidelines state regarding H-wave devices, "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 (Julka, 1998) (Kumar, 1997) (Kumar, 1998), 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)." Regarding this patient's case, there is no documentation of diabetic neuropathic pain or chronic soft tissue inflammation, no evidence of currently being in a functional restoration program, or failure of recommended initial conservative care. Likewise, this request is not considered medically necessary.