

Case Number:	CM15-0096509		
Date Assigned:	07/15/2015	Date of Injury:	06/05/2001
Decision Date:	08/10/2015	UR Denial Date:	04/30/2015
Priority:	Standard	Application Received:	05/19/2015

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: Massachusetts

Certification(s)/Specialty: Physical Medicine & Rehabilitation, Pain Management

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 57-year-old male, who sustained an industrial injury on June 5, 2001. He reported bilateral knee pain with the right greater than the left. Treatment to date has included TENS unit, heat and cold therapy, elbow sleeve, wrist braces, knee braces, acupuncture, physical therapy, x-rays, Hyalgan injections and surgery. Currently, the injured worker complains of constant bilateral knee and shoulder pain. He reports both upper and lower back pain. He reports sleep disturbance due to the pain. The injured worker is diagnosed with internal derangement of the right knee, internal derangement of the left knee with medial meniscus tear, discogenic lumbar condition, impingement syndrome bilaterally, epicondylitis medially bilaterally and wrist joint inflammation with numbness along the fingers. The injured worker can do intermittent sitting, standing and walking with no squatting, kneeling or forceful activities, he is not currently working. A note dated March 9, 2015 states the injured worker experienced some pain relief from the Hyalgan injections. He is limited to walking no more than 50 minutes, sitting for 2 hours and the inability to lift over 10 pounds. The injured worker avoids squatting and kneeling and is limiting house chores. A note dated January 26, 2015 states the injured worker experienced pain relief from acupuncture treatments. It also noted decreased right hand grip strength. An H-wave unit and supplies is requested to continue to provide the injured worker pain relief.

IMR ISSUES, DECISIONS AND RATIONALES

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

H-Wave and supplies: 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 (HWT), Page(s): 117.

Decision rationale: The claimant has a remote history of a work injury occurring in June 2001 and continues to be treated for bilateral shoulder, elbow, wrist, knee, and low back pain. When seen, he was using a two lead TENS unit with benefit. Vital signs were recorded. Prior assessments document cervical and lumbar paraspinal muscle tenderness and full knee range of motion. H-wave stimulation can be considered only following failure of initially recommended conservative care, including recommended physical therapy, medications, and transcutaneous electrical nerve stimulation (TENS). In this case, the claimant has had benefit with the use of TENS and therefore an H-wave unit is not medically necessary.