

Case Number:	CM13-0024925		
Date Assigned:	12/11/2013	Date of Injury:	03/21/2013
Decision Date:	06/17/2014	UR Denial Date:	08/13/2013
Priority:	Standard	Application Received:	09/16/2013

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. The expert reviewer is Board Certified in Orthopedic Surgery, and is licensed to practice in California. 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/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

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 patient is a 44-year-old gentleman injured in a work related accident on 03/21/13. A clinical record of 04/11/13 documented a chief complaint of pain about the right leg and knee after a slip and fall getting off of a truck. The current complaints are that of "popping and clicking" of the right knee with locking. Physical examination findings showed -5 to 120 degrees of motion with negative McMurray's testing and slight tenderness along the medial joint line. The claimant was noted to be with a diagnosis of right knee sprain with an effusion. A corticosteroid injection was performed at that date. At present, there is documentation that the claimant also underwent use of an H wave device between 07/29/13 and 10/16/13 for 79 days in regard to the right knee for diagnosis of strain stating 90% improvement. A further follow-up of the H wave device use on 12/16/13 indicated that it has now been used 139 days with only 20% improvement. At present, there is recommendation for request of an additional one month use of the H wave stimulator for further treatment.

IMR ISSUES, DECISIONS AND RATIONALES

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

1 MONTH TRIAL OF H-WAVE SYSTEM: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

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

Decision rationale: Chronic Pain Guidelines only recommend the role of H wave devices as a noninvasive option for diabetic neuropathic pain or chronic soft tissue inflammation as an adjunct to a program of evidence based functional restoration. It indicates that a one month trial can be given. It also indicates that it should not be given prior to other forms of care including physical therapy, medications, and a TENS unit. Two issues have arisen in this case. One is the fact that the unit has already been used for over 130 days with only 20% effectiveness and there is no documentation of an evidence based functional restoration program that has included prior physical therapy, medication management, and (TENS) transcutaneous electrical nerve stimulation unit usage. The use of a H wave device at this stage in course of care based on the amount of time the device has already been utilized with lack of sustainable benefit would not support its continued use. Therefore the request is not medically necessary.