MAXIMUS Federal Services

Case Number:	CM14-0103873		
Date Assigned:	07/30/2014	Date of Injury:	12/04/2012
Decision Date:	09/30/2014	UR Denial Date:	06/09/2014
Priority:	Standard	Application Received:	07/07/2014

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 Family Medicine 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:

Patient is a 27-year-old female who has submitted a claim for status post right knee arthroscopy with ACL reconstruction (05/13/2013), status post right knee diagnostic arthroscopy with extensive synovectomy (04/11/2014) associated with an industrial injury date of 12/04/2012.Medical records from 2013 to 2014 were reviewed. Patient complained of weakness in her right knee. She has difficulty with prolonged walking or standing. Physical examination reveals patient has a normal gait. A trace effusion was noted in the right knee. There is mild tenderness to palpation of the medial joint line and pes anserine bursal region. There is mild weakness to flexion and extension. Treatment to date has included oral medications, surgery, trial with TENS unit and H-wave unit. Utilization review from 06/09/2014 denied the request for H-wave stimulation device because the patient has had a brief clinical trial of TENS in August 2013. However, the details and context of this trial have not been provided and no information is provided regarding the length of the trial or measurement of functional parameters, corroborated by the requesting physician. Guidelines state that H-Wave should only be considered if it is used in conjunction with an evidence-based program of functional restoration and following a failed trial of TENS.

IMR ISSUES, DECISIONS AND RATIONALES

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

Home H-Wave Device: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines H-wave Stimulation Page(s): 117-118.

Decision rationale: As stated on pages 117-118 of CA MTUS Chronic Pain Medical Treatment Guidelines, H-wave stimulation (HWT) is not recommended as an isolated intervention, but a trial may be considered as a non-invasive conservative option for chronic soft tissue inflammation if used as an adjunct to a program of evidence-based functional restoration. There is no evidence that H-Wave is more effective as an initial treatment when compared to TENS for analgesic effects. In this case, documentation showed patient had a trial of TENS dated August 28, 2013. However, information is lacking on any objective documentation with regard to the trial. Trial with Home H Wave therapy was initiated on August 2013 as well and reportedly increased patient's functional ability to perform activities of daily living. It also provided her with symptomatic relief. It likewise improved her range of motion. However, there was no evidence that patient has failed use of a TENS unit - a guideline criterion because H-wave was not found to be superior over TENS. Therefore, the request for H-Wave Stimulation Device is not medically necessary.