

Case Number:	CM14-0152546		
Date Assigned:	09/22/2014	Date of Injury:	11/12/2012
Decision Date:	11/04/2014	UR Denial Date:	09/11/2014
Priority:	Standard	Application Received:	09/18/2014

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 Physical Medicine and Rehabilitation and is licensed to practice in Texas and Ohio. 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 injured worker is a 57-year-old female who reported an injury on 11/12/2012. The mechanism of injury involved repetitive activity. Current diagnoses include bilateral knee pain and moderate to severe chondromalacia patella. Previous conservative treatment is noted to include medications, physical therapy, and TENS therapy. The latest physician progress report submitted for this review is documented on 07/17/2014. The injured worker reported persistent knee pain. The current medication regimen includes Norco, amitriptyline, and Colace. Physical examination revealed increased pain with range of motion of the bilateral knees. Treatment recommendations included continuation of the current medication regimen. There was no Request for Authorization form submitted for this review.

IMR ISSUES, DECISIONS AND RATIONALES

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

Purchase of Home H-Wave Device: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): Page 117-121..

Decision rationale: California MTUS Guidelines state H wave stimulation is not recommended as an isolated intervention, but a 1 month home based trial may be considered as a noninvasive conservative option for diabetic neuropathic pain, or chronic soft tissue inflammation. H wave stimulation should be used as an adjunct to a program of evidence based functional restoration and only following a failure of initially recommended conservative treatment. As per the documentation submitted, there was no evidence of a significant musculoskeletal deficit upon physical examination. It is noted that the injured worker has been previously treated with physical therapy, TENS therapy, and medications. However, there is no documentation of a failure to respond to the above mentioned treatment modalities. There is also no documentation of a successful 1 month trial prior to the request for a unit purchase. Based on the clinical information received, the request is not medically appropriate at this time.