

**MAXIMUS FEDERAL SERVICES, INC.**

Independent Medical Review

P.O. Box 138009

Sacramento, CA 95813-8009

(855) 865-8873 Fax: (916) 605-4270



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**Notice of Independent Medical Review Determination**

Dated: 11/7/2013

[REDACTED]

[REDACTED]

Employee:	[REDACTED]
Claim Number:	[REDACTED]
Date of UR Decision:	7/23/2013
Date of Injury:	8/26/2001
IMR Application Received:	8/2/2013
MAXIMUS Case Number:	CM13-0006336

- 1) MAXIMUS Federal Services, Inc. has determined the request for **H-wave home unit 30 day trial, for the knees is not medically necessary and appropriate.**

## INDEPENDENT MEDICAL REVIEW DECISION AND RATIONALE

An application for Independent Medical Review was filed on 8/2/2013 disputing the Utilization Review Denial dated 7/23/2013. A Notice of Assignment and Request for Information was provided to the above parties on 8/26/2013. A decision has been made for each of the treatment and/or services that were in dispute:

- 1) MAXIMUS Federal Services, Inc. has determined the request for **H-wave home unit 30 day trial unit, for the knees is not medically necessary and appropriate.**

### **Medical Qualifications of the Expert Reviewer:**

The independent Medical Doctor who made the decision has no affiliation with the employer, employee, providers or the claims administrator. The physician 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 treatments and/or services at issue.

### **Expert Reviewer Case Summary:**

The patient is a 65-year-old male who reported a work-related injury on 08/26/2001 as a result of strain to the right knee and lumbar spine. Subsequently, the patient presents for treatment of the following diagnosis, internal derangement of the knee. The clinical notes evidence the patient is status post a right total knee replacement as of 2010. The clinical note dated 07/30/2013 reports the patient was seen under the care of Dr. [REDACTED] for his pain complaints. The provider documents the patient reports feeling better with less pain and more movement. The patient reports decreased pain and positive results from H-wave treatment, increased range of motion after treatment, and demonstrates home exercise program well. The provider documents the patient is responding well to physical therapy additionally. The provider documents the patient utilizes Singulair, Lipitor, Zanaflex, and a Flector patch. A clinical letter from 07/29/2013 signed by Dr. [REDACTED] documents a trial of a Transcutaneous electrical nerve stimulation (TENS) device treatment was attempted during the course of approved physical therapy visits and was found to be ineffective at creating any objective or lasting improvement in the patient's condition.

### **Documents Reviewed for Determination:**

The following relevant documents received from the interested parties and the documents provided with the application were reviewed and considered. These documents included:

- Application of Independent Medical Review
- Utilization Review Determination
- Medical Records from Claims Administrator
- Medical Treatment Utilization Schedule (MTUS)

**1) Regarding the request for H-wave home unit 30 day trial, for the knees:**

Section of the Medical Treatment Utilization Schedule Relied Upon by the Expert Reviewer to Make His/Her Decision

The Claims Administrator based its decision on the Chronic Pain Medical Treatment Guidelines, H-wave stimulation (HWT), pages 117-118, which is part of the MUTS.

The Expert Reviewer based his/her decision on the Chronic Pain Medical Treatment Guidelines, H-wave stimulation (HWT), page 118, which is part of the MTUS.

Rationale for the Decision:

The Chronic Pain guidelines state, "There is no evidence that H-wave is more effective as an initial treatment when compared to TENS for analgesic effects." A review of the submitted medical records indicates currently for this request evidences that the employee has demonstrated use of a home exercise program, participation in physical therapy interventions, and a trial of a transcutaneous electrical nerve stimulation (TENS) unit. The provider documents the employee has utilized an H-wave unit and reported decreased pain and increased range of movement after treatment. However, there was no recent thorough physical examinations of the employee evidencing quantifiable objective efficacy of the employee's use of an H-wave. **The request for a 30 day trial of an H-wave home unit for the knees is not medically necessary and appropriate.**

**Effect of the Decision:**

The determination of MAXIMUS Federal Services and its physician reviewer is deemed to be the final determination of the Administrative Director, Division of Workers' Compensation. With respect to the medical necessity of the treatment in dispute, this determination is binding on all parties.

In accordance with California Labor Code Section 4610.6(h), a determination of the administrative director may be reviewed only if a verified appeal is filed with the appeals board for hearing and served on all interested parties within 30 days of the date of mailing of the determination to the employee or the employer. The determination of the administrative director shall be presumed to be correct and shall be set aside only upon proof by clear and convincing evidence of one or more of the grounds for appeal listed in Labor Code Section 4610.6(h)(1) through (5).

Sincerely,

Paul Manchester, MD, MPH  
Medical Director

cc: Department of Industrial Relations  
Division of Workers' Compensation  
1515 Clay Street, 18<sup>th</sup> Floor  
Oakland, CA 94612

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Disclaimer: MAXIMUS is providing an independent review service under contract with the California Department of Industrial Relations. MAXIMUS is not engaged in the practice of law or medicine. Decisions about the use or nonuse of health care services and treatments are the sole responsibility of the patient and the patient's physician. MAXIMUS is not liable for any consequences arising from these decisions.