

<b>Case Number:</b>	CM13-0010882		
<b>Date Assigned:</b>	12/11/2013	<b>Date of Injury:</b>	08/10/2010
<b>Decision Date:</b>	02/07/2014	<b>UR Denial Date:</b>	07/25/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	08/14/2013

### HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to a physician reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The physician 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 physician 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 36-year-old female who reported an injury on August 10, 2010; the mechanism of injury was stated to be the patient was exiting her squad care when she felt pain. The patient was noted to undergo a left hip arthroscopy and labral debridement, femoroplasty, lysis of adhesions, synovectomy, capsular plication, and iliopsoas fractional lengthening on June 21, 2013. The patient was noted to have subjective complaints of pain and exhibit impaired activities of daily living. The patient was noted to have a drop on a scale of 1 to 10 of pain from 7 to 5. The patient's range of motion and/or function improved from 7 to 6 and the patient indicated the range of motion and function had increased. The patient's diagnosis was noted to be pain in the joint. The request was made to purchase an H-wave unit.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Purchase/Treatment of the H-Wave System:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines H-Wave.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Section H-Wave, Page(s): 117.

**Decision rationale:** California MTUS guidelines do not recommend H-wave stimulation as an isolated intervention, however, recommend a one-month trial for neuropathic pain or chronic soft tissue inflammation if used as an adjunct to a program of evidence based restoration and only following failure of initially recommended conservative care, including recommended physical therapy (i.e., exercise) and medications, plus transcutaneous electrical nerve stimulation (TENS). The clinical documentation submitted for review indicated the patient had an increase of range of motion and/or function; however, it failed to objectively identify the patient's functional response. Additionally, it was noted that the patient had a decrease in the pain level from 7 to 5 on a 1 to 10 scale. However, the clinical documentation failed to support the necessity for the requested H-wave. Given the above and the lack of documentation, the request for purchase-treatment of an H-wave system is not medically necessary.