MAXIMUS Federal Services

| Case Number: | CM13-0016515 | | |
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| Date Assigned: | 11/27/2013 | Date of Injury: | 05/05/2009 |
| Decision Date: | 05/12/2014 | UR Denial Date: | 08/07/2013 |
| Priority: | Standard | Application Received: | 08/26/2013 |

## 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 Occupational 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:

The applicant is a represented [redacted] employee who has filed a claim for chronic knee pain reportedly associated with an industrial injury of May 5, 2009. Thus far, the applicant has been treated with the following: Analgesic medications; attorney representation; transfer of care to and from various providers in various specialties; unspecified amounts of physical therapy; earlier knee partial meniscectomy surgery; Synvisc and corticosteroid injections; and prior usage of an H-Wave home care system. In a Utilization Review Report of August 7, 2013, the claims administrator denied a request for a 90-day rental of an H-Wave device, stating that the applicant did not appear to demonstrate any evidence of functional improvement through earlier usage of the same. In a survey dated June 20, 2013, the applicant states that earlier usage of a TENS unit was useless and that she did not gain any lasting benefit through prior usage of the same. In a vendor report of October 29, 2013, the device vendor states that the applicant has demonstrated improvement with the H-Wave device in terms of being able to walk further and stand longer, among other things. On June 24, 2013, the applicant was described as off of work, on total temporary disability. The applicant was still ambulating with a limp. Physical therapy was being pursued at that point in time. Relafen and topical compounds were prescribed.

## IMR ISSUES, DECISIONS AND RATIONALES

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

**H-WAVE UNIT, 90 DAYS RENTAL FOR THE LEFT KNEE:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 117.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 118.

**Decision rationale:** As noted on page 118 of the MTUS Chronic Pain Medical Treatment Guidelines, rental periods of the H-Wave device of greater than one month should be justified by the documentation submitted for review. In this case, however, the documentation on file does not establish the presence of any lasting benefit or functional improvement achieved through ongoing usage of the H-Wave device. The applicant is off of work, on total temporary disability. The applicant remains reliant on Relafen and unspecified topical agents. All of the above, taken together, imply a lack of functional improvement as defined in MTUS 9792.20f and outweigh the statements from the device vendor stating that the applicant has in fact profited from ongoing usage of the device. Accordingly, the 90-day rental of the H-Wave unit is not certified.