

<b>Case Number:</b>	CM13-0016719		
<b>Date Assigned:</b>	11/06/2013	<b>Date of Injury:</b>	05/05/2009
<b>Decision Date:</b>	01/16/2014	<b>UR Denial Date:</b>	08/15/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	08/26/2013

### 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 Physical Medicine and Rehabilitation and is licensed to practice in Illinois. 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.

### 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 31-year-old female with a reported date of injury on 05/05/2009. The patient presented with ongoing pain with significant flare-ups, right knee swelling, and tenderness to palpation over the quadriceps tendon and over the peripatellar region, patellofemoral crepitus was present upon passive ranging, and the patient ambulated with a slight limp favoring the right lower extremity. The patient had a negative McMurray's test, a negative varus test, a negative valgus test, a negative Lachman's, and negative anterior and posterior drawer tests. The patient had diagnoses including history of right knee contusion and sprain, patellofemoral arthralgia, and small suprapatellar joint effusion. The physician's treatment plan included a request for home H-Wave device and 1 month home use evaluation

### 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 H-wave stimulation Page(s): 117-118.

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

**Decision rationale:** The California MTUS guidelines note H-Wave is not recommended as an isolated intervention, but a one-month home-based trial of H-Wave stimulation may be considered as a noninvasive conservative option for diabetic neuropathic pain, or chronic soft

tissue inflammation if used as an adjunct to a program of evidence-based functional 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 one-month HWT trial may be appropriate to permit the physician and provider licensed to provide physical therapy to study the effects and benefits, and it should be documented (as an adjunct to ongoing treatment modalities within a functional restoration approach) as to how often the unit was used, as well as outcomes in terms of pain relief and function. Rental would be preferred over purchase during this trial. The patient had right knee pain with significant flare-ups. The provider recommended the use of H-Wave for more constant self-guided treatment for flare-ups and to complement self-guided exercises. Within the provided documentation, it was unclear if the patient had undergone and failed all recommended conservative care including physical therapy, medications, and transcutaneous electrical nerve stimulation. Therefore, the request for a home H-Wave device is neither medically necessary nor appropriate.

**1 month home use evaluation:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines H-wave stimulation Page(s): 117-118.

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

**Decision rationale:** The California MTUS guidelines note H-Wave is not recommended as an isolated intervention, but a one-month home-based trial of H-Wave stimulation may be considered as a noninvasive conservative option for diabetic neuropathic pain, or chronic soft tissue inflammation if used as an adjunct to a program of evidence-based functional 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 one-month HWT trial may be appropriate to permit the physician and provider licensed to provide physical therapy to study the effects and benefits, and it should be documented (as an adjunct to ongoing treatment modalities within a functional restoration approach) as to how often the unit was used, as well as outcomes in terms of pain relief and function. Rental would be preferred over purchase during this trial. The patient had right knee pain with significant flare-ups. The provider recommended the use of H-Wave for more constant self-guided treatment for flare-ups and to complement self-guided exercises. Within the provided documentation, it was unclear if the patient had undergone and failed all recommended conservative care including physical therapy, medications, and transcutaneous electrical nerve stimulation. Therefore, the request for a home H-Wave device is neither medically necessary nor appropriate.