

<b>Case Number:</b>	CM13-0018984		
<b>Date Assigned:</b>	10/11/2013	<b>Date of Injury:</b>	06/09/2006
<b>Decision Date:</b>	08/25/2014	<b>UR Denial Date:</b>	08/28/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	09/03/2013

### 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 Physical Medicine and Rehabilitation, has a subspecialty in Pain Management 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:

This is a 61-year-old male with a 6-9-2006 date of injury. A specific mechanism of injury was not described. The patient is s/p total knee replacement on 6/30/13. 8/28/13 determination was not medically necessary and appropriate given no documented positive response from home use of H-wave unit as there was no reduction of pain medications use. 8/29/13 and 8/5/13 medical reports identified that she returned the CMP machine because it made her back hurt. She had continued low back, left knee, and foot pain. There were left leg and low back spasms, and left hip/buttock pain. The pain was helped by medications. It was also noted that the pain was helped some by regular use of the H-wave stimulator unit. Exam only indicated no acute distress, patient tearful. Treatment to date included physical therapy, medication, CMP machine, and H-wave unit. Records also indicate that the patient had been using the H-wave unit since at least January 2013.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**H-WAVE UNIT:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines H-WAVE STIMULATION (HWT).

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines CA MTUS 2009: 9792.24.2 Page(s): 117-118.

**Decision rationale:** CA MTUS states that a one-month home-based trial of H-wave stimulation may be indicated with chronic soft tissue inflammation and when H-wave therapy will be used as an adjunct to a method of functional restoration, and only following failure of initial conservative care, including recommended physical therapy and medications, plus transcutaneous electrical nerve stimulation (TENS). It appeared that the patient was using the H-wave unit since at least January of 2013. There was no indication if this was a rental unit or if it was already purchased for the patient. There were no comprehensive physical exams provided to delineate any functional deficits and any functional improvement with the use of the H-wave unit. There was also no indication if the request was for replacement of the current unit, in which case, there would be necessity of documented damage beyond repair of the unit. None of these concerns were documented on the medical records. The request is not medically necessary and appropriate.