

<b>Case Number:</b>	CM13-0020168		
<b>Date Assigned:</b>	10/11/2013	<b>Date of Injury:</b>	10/25/2011
<b>Decision Date:</b>	02/03/2014	<b>UR Denial Date:</b>	08/27/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	09/04/2013

### 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 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 58-year-old male who reported an injury on 10/25/2011. The mechanism of injury was stepping out of a truck. The resulting diagnosis was a torn right medial and lateral meniscus and was initially treated with an unknown duration of physical therapy, medications, and bracing. When the patient failed to progress, an arthroscopic evaluation and debridement was scheduled for 06/2012. The surgery took place on 06/11/2012 and included a chondroplasty, removal of a loose body, and a partial lateral meniscectomy. Despite an unremarkable postoperative course, the patient continued to complain of knee pain and was recommended for a total knee replacement. It does not appear the patient received a total knee arthroplasty and has been given cortisone injections for ongoing maintenance. The patient was subsequently diagnosed with osteoarthritis of the knee. The most recent therapy the patient has received is 8 sessions with little impact on his pain levels and functional ability.

### IMR ISSUES, DECISIONS AND RATIONALES

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

#### **30 Days Evaluation Trial of Home H-Wave Device between 8/22/2013 and 10/6/2013:**

Upheld

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

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

**Decision rationale:** California MTUS Guidelines recommend H-wave stimulation on a 1 month home-based trial after documented failure of initially recommended conservative care including physical therapy and medications, plus transcutaneous electrical nerve stimulation. Although an H-wave patient compliance report dated 09/19/2013 reports the patient has received relief and has eliminated medication use, there is no documentation in the clinical notes that a trial of a TENS unit was initially attempted. There is also note on the H-wave patient compliance report that other treatments used prior to home H-wave included TENS unit, physical therapy, medications, ice, and injections; however, the clinical notes and therapy notes did not have any documentation thereof. The clinical note dated 10/02/2013 stated the patient did receive several hours of relief using the H-wave, and that a recent peer to peer stated he could use his TENS. The author of the clinical note stated the patient did not have a TENS and he was going to request it. However, there are no clinical notes after this date providing any evidence of the patient obtaining the TENS or its outcomes. Since there was no documentation included regarding a primary initial use of TENS, the request for 30 days evaluation trial of a home H-wave device between 08/22/2013 and 10/06/2013 is non-certified.