

<b>Case Number:</b>	CM13-0024403		
<b>Date Assigned:</b>	11/20/2013	<b>Date of Injury:</b>	05/13/2008
<b>Decision Date:</b>	01/24/2014	<b>UR Denial Date:</b>	08/22/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	09/13/2013

### 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 Orthopaedic Surgery, 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:

This is a 56-year-old individual who was injured 05/13/08. Records indicate ongoing complaints of chronic pain about the right knee. August 5, 2013 assessment with [REDACTED] states that he continues to be with complaints of bilateral knee pain citing the recent use of viscosupplementation. He describes joint line tenderness to the right greater than left knee to palpation. He also indicates treatment for an Achilles tendon injury with recent PRP injections and indicates weight loss and possible need for gastroc bypass surgery for further benefit. Formal imaging is not documented. He is with a diagnosis of advanced degenerative joint disease for which surgery is not been recommended as the claimant's body mass index is 48. At present there is request for an H-wave device specifically for the claimant's right knee. Records do not indicate further treatment other than injection therapy, medication management and activity restrictions in regards to the claimant's knee.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**30 day rental of H-wave device for right knee between 8/14/2013 and 9/28/2013:** 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 H-wave stimulation (HWT), Page(s): 117.

**Decision rationale:** The Physician Reviewer's decision rationale: Based on California MTUS Chronic Pain Guidelines, H-wave devices are only indicated after failure of first line therapies including physical therapy, medication and TENS units. Records in this case would not indicate the requested H-wave device as an isolated intervention without documentation of prior TENS unit noted. The role of this device for the claimant's chronic degenerative joint disease of the right knee is thus, not indicated.