

<b>Case Number:</b>	CM13-0029732		
<b>Date Assigned:</b>	11/01/2013	<b>Date of Injury:</b>	01/05/2010
<b>Decision Date:</b>	01/24/2014	<b>UR Denial Date:</b>	08/26/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	09/27/2013

### 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 Pain Management, has a subspecialty in Interventional Spine 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 64 year old female with a date of injury date January 5, 2010. The patient presents with diagnoses of chronic knee pain with history of surgery from 2010 where chondroplasty, meniscectomy were performed. She continues to experience knee pain along with low back pain and the treater has asked for a 3-month trial of H-wave unit. The patient's current symptoms include low back pain with radiation into left leg, left knee pain with tenderness of the medial knee. The patient has tried conservative treatments including medications, Transcutaneous electrical nerve stimulation (TENS) unit and a cortisone injection. The patient has tried a home H-wave unit and based on patient's self-report, 20% improvement overall with pain and decreased medication use. This request was denied by UR letter August 26, 2013 with the rationale that failure of conservative treatments have not been documented, and that the guidelines support a one-month trial of H-wave with possibility of purchase for home use. The MRI of L-spine from April 11, 2013 showed 5mm anterolisthesis at L5-S1 without stenosis, marked dehydration noted at L2-3. The MRI of the left knee from same date showed moderate arthrosis medial and lateral compartments.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**additional three (3) month rental of a H-Wave device:** Upheld

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

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

**Decision rationale:** This patient suffers from chronic low back and left knee pain. The patient is status post (s/p) left knee arthroscopic surgery from 2010. The reports indicate that the patient has failed conservative treatments including meds, TENS, therapy and cortisone injection. The patient did have a one-month trial of a H-wave unit and by the patient's self report, dated August 1, 2013, there has been "20% improvement in pain and utilized less medications." The August 26, 2013 report is a medical team conference. This report states the patient "has been using the H-wave, which helps alleviate her pain, especially after exercising in the morning. She does not feel as much soreness in her left leg." However, the patient continues to have significant pain, and physical therapy is being requested for 2x6. The CA MTUS states that "Functional improvement" means either a clinically significant improvement in activities of daily living or a reduction in work restrictions as measured during the history and physical exam, performed and documented as part of the evaluation and management visit billed under the Official Medical Fee Schedule (OMFS) pursuant to sections 9789.10-9789.111; and a reduction in the dependency on continued medical treatment. Current notes do not indicate that the patient has had "clinically significant improvement" of activities of daily living (ADL's), or the reduction of work restrictions. Notes do not indicate "a reduction in the dependency on continued medical treatment," as the treater is requesting additional treatments. While the patient reports subjective improvement, there is lack of documentation of any specific improvements, such as return to work, reduced work restrictions, reductions in specific medications, or a reduction of other forms of therapy as result of using the H-wave device. There for the request for additional three (3) month rental of a H-Wave device is not medically necessary and appropriate.