

<b>Case Number:</b>	CM13-0036753		
<b>Date Assigned:</b>	12/13/2013	<b>Date of Injury:</b>	09/09/2010
<b>Decision Date:</b>	02/07/2014	<b>UR Denial Date:</b>	09/19/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/21/2013

### 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 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 42 year old male with a date of injury on 9/9/10. The request for reconsideration of H-Wave unit purchase left knee was denied by utilization review on 9/19/13. It is reported that the patient underwent an OATS fresh frozen allograft transplantation to the medial femoral condyle of the left knee with partial meniscectomy on 11/28/12. The rationale for the denial was that there was a lack of physical examination and objective findings suggestive of the medical necessity of the DME purchase and lack of documented failed first line conservative treatment options such as NSAIDS, PT and a home exercise program. I have reviewed a PR-2 report from [REDACTED] dated 4/10/13 that states the patient complains of pain, has impaired ranges of motion and exhibits impaired ADLs. The diagnosis is v58.43 (aftercare following surgery) and 836.0 (tear of medial meniscus). The request is for a 30 day evaluation trial of the H-Wave homecare system. A second PR-2 from [REDACTED] dated 5/15/13 states that the patient subjective complaints improved 67% with H-Wave usage and the patient stated that their range of motion and/or function increased. [REDACTED] requested continued usage of the H-Wave twice daily for 30 minutes over a 3 month period of time. The H-Wave Patient Compliance and Outcome Report dated 8/12/13 states that the patient had 118 days of use for knee pain. The treatment is stated to decrease pain 70% and helped more than prior physical therapy treatments and medications and improved physical ADLs. And another similar report dated 10/16/13 indicates 183 days of usage with 40% improvement, decreased medication usage and improved functional ability to perform ADLs.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**H-wave unit purchase of left knee:** Overturned

**Claims Administrator guideline:** The Claims Administrator did not cite any medical evidence for its decision.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines H-wave Stimulation Page(s): 17-118.

**Decision rationale:** The patient presents with chronic left knee pain. The request is for reconsideration of H-Wave Unit Purchase Left knee which was denied by utilization review on 9/19/13 due to lack of clinical information, lack of physical examination and objective findings suggestive of the medical necessity of the DME purchase and lack of documented failed conservative treatments. The treating physician's reports dated 4/10/13 and 5/15/13 were reviewed along with two H-Wave reports dated 8/12/13 and 10/16/13. The records reviewed by [REDACTED] state that the initial 30 day trial of the H-Wave unit was successful in decreasing the patient's pain by 67% and improved range of motion. [REDACTED] report also outlines the treatment goals of reducing pain, improving functional capacity for ADLs and to reduce medication usage. The H-Wave reports indicate that the H-Wave unit was more effective than physical therapy and medications and that medication usage was decreased. The MTUS guidelines indicate that trial periods of more than one month should be justified by documentation submitted for review. The information submitted for review supports the request for H-Wave purchase. The request for H-Wave unit Purchase is medically necessary and appropriate.