

<b>Case Number:</b>	CM13-0041298		
<b>Date Assigned:</b>	06/06/2014	<b>Date of Injury:</b>	11/06/2011
<b>Decision Date:</b>	08/07/2014	<b>UR Denial Date:</b>	09/05/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/14/2013

### 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 Internal Medicine 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:

PR-2 progress report 08-23-2013 documented diagnosis: status post total knee replacement with residual swelling, improved. Subjective: right knee pain. Objective: right knee restricted range of motion, abnormal gait. Physical therapy requested. Date of injury was 11-06-2011. PR-2 progress report 07-29-2013 documented: right knee surgery 06-10-2013. Patient is participating in physical therapy. H-wave patient compliance and outcome report dated 08-20-2013 documented other treatments used prior to home H-wave was: Physical Therapy, Medications. Home H-wave initiated 03-20-2013. Utilization review decision date was 09-05-2013.

### IMR ISSUES, DECISIONS AND RATIONALES

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

#### **DURABLE MEDICAL EQUIPMENT (DME): H WAVE UNIT: Upheld**

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

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 13 Knee Complaints Page(s): 339,346-347,Chronic Pain Treatment Guidelines H-wave stimulation, Functional restoration programs Page(s): 117,49.

**Decision rationale:** Medical treatment utilization schedule (MTUS) American College of Occupational and Environmental Medicine (ACOEM) 2nd Edition (2004) Chapter 13 Knee

Complaints (Page 339) states: Physical modalities, such as massage, diathermy, cutaneous laser treatment, ultrasound, and biofeedback have no scientifically proven efficacy in treating acute knee symptoms. Other miscellaneous therapies have been evaluated and found to be ineffective. In particular, iontophoresis and phonophoresis have no proven efficacy. Table 13-6 Summary of Recommendations for Evaluating and Managing Knee Complaints (Page 346-347): Regarding physical treatment methods, passive modalities without exercise program are not recommended. Medical treatment utilization schedule (MTUS) Chronic Pain Medical Treatment Guidelines (Page 117) addresses H-wave stimulation (HWT): H-wave is not recommended as an isolated intervention, but a one-month home-based trial of H-Wave stimulation may be considered as a noninvasive conservative option for chronic soft tissue inflammation if used as an adjunct to a program of evidence-based functional restoration, and only following failure of initially recommended conservative care, including recommended physical therapy (i.e., exercise) and medications, plus transcutaneous electrical nerve stimulation (TENS).(MTUS) Chronic Pain Medical Treatment Guidelines requires failure of TENS. H-wave patient compliance and outcome report dated 08-20-2013 does not document trial or failure of TENS. (MTUS) Chronic Pain Medical Treatment Guidelines requires failure of physical therapy and medications. PR-2 progress report 07-29-2013 documented that the patient is participating in physical therapy. PR-2 progress report 08-23-2013 documented: status post total knee replacement with residual swelling, improved. Patient reported no knee pain with medications. Additional physical therapy was requested. According to the progress reports, the patient has not failed physical therapy or medications. (MTUS) Chronic Pain Medical Treatment Guidelines requires that the patient be enrolled in a program of evidence-based functional restoration. Patient is not enrolled in a functional restoration program (FRP). MTUS guidelines and medical records do not support the use of H-wave stimulation. Therefore, the request for Durable medical equipment (DME) H Wave Unit is not medically necessary.