

<b>Case Number:</b>	CM13-0042556		
<b>Date Assigned:</b>	01/15/2014	<b>Date of Injury:</b>	07/02/2010
<b>Decision Date:</b>	03/26/2014	<b>UR Denial Date:</b>	10/16/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/31/2013

### 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 Illinois. 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 who reported an injury on 07/02/2010. The mechanism of injury was not provided for review. Prior treatments have included medications, physical therapy, aquatic therapy, a TENS unit, and surgical intervention. The patient's most recent clinical documentation notes that the patient is status post bilateral total knee replacement surgery with complaints of instability, lower extremity weakness and bilateral lower extremity numbness interfering with the patient's ability to ambulate. The patient's diagnoses included pain and joint of the lower leg, lumbago, anxiety, pain disorder with psychological overlay, lumbosacral spondylosis without myelopathy, depression, sciatica and cervicgia. Patient's treatment plan included continuation of a home exercise program, aquatic therapy, and a 30 day trial of a home H-wave device in which the patient had previously had a positive response to this treatment modality during prior physical therapy.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**thirty (30) day trial of a home H-Wave device:** 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 Chronic Pain Medical Treatment Guidelines, H-Wave Stimulation Section Page(s): 117.

**Decision rationale:** The requested 30 day trial for a home H-wave device is medically necessary and appropriate. California Medical Treatment Utilization Schedule does support the use of a 30 day trial in the home of an H-wave device when a patient has failed to respond to conservative treatments. The clinical documentation submitted for review does indicate that the patient has failed to respond to physical therapy, a home exercise program, psychological support and a TENS unit. California Medical Treatment Utilization Schedule recommends this therapy as an adjunct therapy to a functional restoration program. The clinical documentation does indicate that the patient is participating in a home exercise program and is recommended for aquatic therapy which would benefit from an adjunct therapy such as an H-wave device. Additionally, it is documented that the patient previously used this type of treatment during physical therapy and had a positive response to the requested treatment. Therefore, a trial of a home H-wave device would be supported. As such, the requested 30 day trial for a home H-wave device is medically necessary or appropriate.