

<b>Case Number:</b>	CM13-0048048		
<b>Date Assigned:</b>	12/27/2013	<b>Date of Injury:</b>	10/29/2010
<b>Decision Date:</b>	04/25/2014	<b>UR Denial Date:</b>	10/21/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	11/04/2013

### 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 Family Practice 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:

The patient is a 54-year-old female who reported an injury on 10/29/2010. The mechanism of injury involved a fall. The patient is currently diagnosed with contusion of the right hip. A request for authorization was submitted by [REDACTED] on 09/11/2013 for a 3 month rental of an EWL H-wave home care system. The patient was previously seen by [REDACTED] on 08/19/2013. The patient reported improvement with physical therapy and a left knee injection. Physical examination on that date revealed full extension, tenderness in the greater trochanter region and groin, no effusion or crepitus, and intact sensation. Treatment recommendations at that time included an SI joint injection.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**H-WAVE MEDICAL DEVICE:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 117-121.

**Decision rationale:** California MTUS Guidelines state H-wave stimulation is not recommended as an isolated intervention, but a 1 month home-based trial may be considered as a non-invasive

conservative option. H-wave stimulation should be used as an adjunct to a program of evidence based functional restoration and only following a failure of initially recommended conservative care, including physical therapy, medications, and TENS therapy. As per the documentation submitted, there is no evidence of this patient's failure to respond to conservative treatment including medication, physical therapy, and TENS therapy. Based on the clinical information received and the California MTUS Guidelines, the request is non-certified.