

<b>Case Number:</b>	CM13-0049138		
<b>Date Assigned:</b>	01/15/2014	<b>Date of Injury:</b>	10/28/2012
<b>Decision Date:</b>	04/11/2014	<b>UR Denial Date:</b>	10/18/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	11/07/2013

### 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 Orthopaedic Surgery, has a subspecialty in Hand Surgery 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:

This 63-year-old claimant has a date of injury of October 28, 2012. She has been treated for knee pain and underwent recent knee surgery. An H-wave unit was requested.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**H-WAVE UNIT, ONE MONTH TRIAL:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 13 Knee Complaints, Chronic Pain Treatment Guidelines.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Transcutaneous Electrotherapy Page(s): 117-118.

**Decision rationale:** An H-wave unit cannot be certified in this case based upon the California MTUS Chronic Pain 2009 Guidelines. The CA MTUS Chronic Pain Guidelines permit a one-month trial of an H-wave stimulator to treat diabetic neuropathy or chronic soft tissue inflammation. An H-wave stimulator is not indicated for postoperative pain. Therefore, an H-wave stimulator one-month trial cannot be certified in this case.