

<b>Case Number:</b>	CM13-0063122		
<b>Date Assigned:</b>	12/30/2013	<b>Date of Injury:</b>	08/14/2009
<b>Decision Date:</b>	03/26/2014	<b>UR Denial Date:</b>	12/02/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	12/09/2013

### 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 Family Practice, has a subspecialty in Preventive 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 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:

70 yr. old male claimant sustained an injury on 8/14/09 that resulted in knee and shoulder pain. He had a left arthroscopic knee surgery and a lateral meniscectomy in 7/2013. He has used Norco, topical methacarbamol and Aspirin for pain as well as physical therapy. On 10/8/13 he received steroid knee injections. An examination report on 10/28/13 noted pes Anserine bursitis. He was found to have difficulty with kneeling and squatting. A request was made for additional therapy. On 11/21/13 a request was made for H-wave therapy for the left knee soft tissue range of motion and chronic pain.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**One (1) month rental of home H-wave device between 11/26/2013 and 1/10/2014 is medically necessary and appropriate.: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Transcutaneous Electrotherapy, H-wave stimulation (HWT).

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Transcutaneous Electrotherapy Page(s): 114.

**Decision rationale:** According to the MTUS guidelines: H-wave or Transcutaneous Electrotherapy can be used in the following: Recommendations by types of pain: A home-based

treatment trial of one month may be appropriate for neuropathic pain and CRPS II (conditions that have limited published evidence for the use of TENS as noted below), and for CRPS I (with basically no literature to support use). Neuropathic pain: Some evidence (Chong, 2003), including diabetic neuropathy (Spruce, 2002) and post-herpetic neuralgia. (Niv, 2005) Phantom limb pain and CRPS II: Some evidence to support use. (Finsen, 1988) (Lundeberg, 1985) Spasticity: TENS may be a supplement to medical treatment in the management of spasticity in spinal cord injury. (Aydin, 2005) Multiple sclerosis (MS): While TENS does not appear to be effective in reducing spasticity in MS patients it may be useful in treating MS patients with pain and muscle spasm. (Miller, 2007) Chronic intractable pain (for the conditions noted above): - Documentation of pain of at least three months duration - There is evidence that other appropriate pain modalities have been tried (including medication) and failed - A one-month trial period of the TENS unit should be documented (as an adjunct to ongoing treatment modalities within a functional restoration approach) with documentation of how often the unit was used, as well as outcomes in terms of pain relief and function; rental would be preferred over purchase during this trial - Other ongoing pain treatment should also be documented during the trial period including medication usage - A treatment plan including the specific short- and long-term goals of treatment with the TENS unit should be submitted - A 2-lead unit is generally recommended; if a 4-lead unit is recommended, there must be documentation of why this is necessary In this case, the claimant does have persistent knee pain despite having surgery, therapy and analgesics. A one month trial of H-wave is appropriate.