

<b>Case Number:</b>	CM14-0000741		
<b>Date Assigned:</b>	01/22/2014	<b>Date of Injury:</b>	10/20/2010
<b>Decision Date:</b>	04/26/2014	<b>UR Denial Date:</b>	12/02/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	01/02/2014

### 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 Occupational 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:

The patient is an employee of [REDACTED] and has filed a claim for internal derangement of the knees associated with an industrial injury date of October 20, 2010. Utilization review from December 2, 2013 denied the request for one month of an H-wave device due to no clinical documentation and indication that it will be used as an adjunct. Treatment to date has included h-wave trial, tens unit, physical therapy, and medications. Medical records from 2013 were reviewed showing the patient complaining of bilateral knee pain. The symptoms of the patient were noted to be stable with minimal current complaints of pain according to the October 2013 progress note. Objectively, the patient's bilateral knees were clinically unchanged. A vendor note stated improved activities of daily living from the use of an h-wave unit for 24 days as well as decreased medication use.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**ONE MONTH H-WAVE DEVICE PER [REDACTED]  
[REDACTED] FORM DATED 11/18/2013, QTY: 1.00: Upheld**

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation CA MTUS 2009, H-Wave Stimulation (HWT).

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Chronic Pain Medical Treatment Guidelines 2009, pages 117-118.

**Decision rationale:** H-wave stimulation is not recommended as an isolated intervention, but a one month trial may be considered if used as an adjunct to a program of evidence-based functional restoration. There should be a failure of conventional therapy, including physical therapy, medications, and TENS unit prior to consideration of a trial. In this case, the patient has tried treatment such as TENS unit, physical therapy, and indications. However, there were no remarks with regards to the outcomes of the treatment modalities. It is noted that the patient's symptoms were stable with minimal complaints. The patient had a trial of an H-wave unit which was reported to have functional improvements according to the vendor note. The clinical notes did not describe any functional improvements such as improved performance of activities of daily living or increased work performance. Therefore, the request for One month H-Wave device per [REDACTED] form dated 11/18/2013 QTY: 1.00 is not medically necessary.