

<b>Case Number:</b>	CM14-0002140		
<b>Date Assigned:</b>	06/11/2014	<b>Date of Injury:</b>	08/20/2013
<b>Decision Date:</b>	07/15/2014	<b>UR Denial Date:</b>	12/18/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	01/07/2014

### 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 Physical Medicine & Rehabilitation 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 injured worker is a 47-year-old male who reported an injury on 08/20/2013 due to unknown mechanism of injury. On 08/27/2013, it was noted on the MRI that the injured worker had a complex tear of the medial meniscus including a flap tear posterior. The injured worker underwent a right knee arthroscopy on 09/17/2013. On 04/17/2014, the injured worker complained of pain of right knee. The physical examination revealed sensation light to touch and intact of the right knee. The injured worker's range of motion was painful but strength was within normal limits. There was no documented VAS scale measurements provided on the injured worker right knee noted on the physical examination. Post-operatively, physical therapy was ordered for the injured worker but no documentation of the effectiveness active physical therapy modalities was provided. The injured worker medications included Anaprox 550 mg and Prilosec 20 mg. The injured worker diagnoses included sprained knee, tear medial meniscus and lateral collateral ligament of the right knee. The treatment plan included the use for a One Home H-Wave Device for 1 month use evaluation and to continue with home exercise program. The request for authorization was provided on 11/25/2013.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**HOME H-WAVE DEVICE, 1 MONTH USE EVALUATION:** Upheld

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

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

**Decision rationale:** California (MTUS) Chronic Pain Management guidelines states that the H-wave unit is recommended an isolated intervention but can be used on a 30 day trial basis as a non-invasive conservative care option for diabetic neuropathic pain or chronic soft tissue inflammation in conjunction to evidence -based functional restoration program. There is lack of documentation to support the injured worker conservative care, including active modalities, such as physical therapy. There was lack of evidence documented on the last physical exam using the VAS scale documented for his right knee pain. There was no evidence of physical/ orthopedic or a neurological examination provided with the request. In addition, the request does not specify location where the H-Wave Device will be used on the injured worker. Given the above request is not medically necessary.