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| <b>Case Number:</b>   | CM14-0106095 |                              |            |
| <b>Date Assigned:</b> | 07/30/2014   | <b>Date of Injury:</b>       | 11/30/2012 |
| <b>Decision Date:</b> | 08/29/2014   | <b>UR Denial Date:</b>       | 07/07/2014 |
| <b>Priority:</b>      | Standard     | <b>Application Received:</b> | 07/09/2014 |

### 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 and Rehabilitation and is licensed to practice in Nevada. 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 40 year-old female was reportedly injured on November 30, 2012. The mechanism of injury is noted as being struck by an automobile. The most recent progress note dated May 14, 2014 indicates that there are ongoing complaints of lower extremity discomfort. The physical examination demonstrated knee flexion of 100, extension of 0. Diagnostic imaging studies objectified a healed fracture with the changes. It was noted that maximum medical improvement had been reached and a 7% whole person impairment rating assigned. Previous treatment includes physical therapy, conservative care for the tibial plateau fracture, and multiple medications. A request was made for a purchase of H wave device and was not certified in the pre-authorization process on July 7, 2014.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Purchase of Home H-Wave Device:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Blue Cross Blue Shield, 2007.

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

**Decision rationale:** California Medical Treatment Utilization Schedule, guidelines will support a one-month HWT (H-Wave Stimulation) for diabetic neuropathic pain and chronic soft tissue inflammation if used as an adjunct to a program of evidence-based functional restoration, and only following a failure of conservative treatment, physical therapy, medications and transcutaneous electrical nerve stimulation (TENS). Review of the available medical records fails to document the criteria required for a one-month trial of H-Wave Stimulation. Furthermore, there is no clinical indication or medical necessity for the purchase of a device. The injured employee has been declared at maximum medical improvement by physicians on both coasts. Therefore, this request is not medically necessary.