

<b>Case Number:</b>	CM14-0012204		
<b>Date Assigned:</b>	02/21/2014	<b>Date of Injury:</b>	05/02/1997
<b>Decision Date:</b>	08/12/2014	<b>UR Denial Date:</b>	01/12/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	01/30/2014

### 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:

This is a 57-year-old male with a 5/2/97 date of injury. He injured his left knee during a training exercise at work. According to the most recent chiropractic note dated 2/6/14, the patient stated that his pain is moderated and comes and goes. He stated that the pain prevents him from lifting heavy weights, walk more than a mile without pain, sitting for more than 30 minutes, stand for longer than 10 minutes, restricts all forms of travel and his social life. He stated that his pain seems to be getting better but improvement is slow. He stated that chiropractic therapy continues to help me be in less pain, be more productive, and live a better quality of life. He rated his overall pain at a 3-4/10 on a pain scale of 0-10. There were no objective findings documented in this report. Diagnostic impression: cervical/thoracic/lumbar nerve root compression, lumbar disc degeneration, cervical/thoracic/lumbar stiffness/restriction, cervical/thoracic/lumbar myofascitis, myalgia, myositis. Treatment to date: medication management, activity modification, chiropractic therapy, surgery. A UR decision dated 1/13/14 denied the request for H-wave stimulation. The records indicate the the patient's pain did not appear neurogenic in origin nor is there evidence of chronic soft tissue inflammation. Also, it is unclear as to what effect prior treatment with physical therapy and TENS had on the patient's symptoms. Based on the lack of significant pain that is known to be of neurogenic origin, lack of chronic soft tissue inflammation, and lack of quality evidence supporting the use of H-wave stimulation as an isolated treatment, the provider's request for a 30-day trial of a home H-wave device is non-certified.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**ONE (1) THIRTY (30) DAY TRIAL OF A HOME H-WAVE DEVICE ( [REDACTED] )  
BETWEEN 1/8/14 AND 4/9/14: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines H-WAVE STIMULATION (HWT).

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines 9792.24.2  
Page(s): 117-118.

**Decision rationale:** CA MTUS states that a one-month home-based trial of H-wave stimulation may be indicated with chronic soft tissue inflammation and when H-wave therapy will be used as an adjunct to a method of functional restoration, and only following failure of initial conservative care, including recommended physical therapy and medications, plus transcutaneous electrical nerve stimulation (TENS). According to the progress notes reviewed, there was no documentation that there is a neuropathic component to the patient's pain. In addition, according to an 8/18/11 physical therapy note, it was documented that the patient's prognosis was good for reduction of pain and transition to a home exercise program. No further physical therapy notes were provided. Furthermore, there is no documentation that the patient's medications have not been helping him, and there is no documentation of a trial of a TENS unit. Therefore, the request for 1 thirty (30) day trial of a home H-wave device [REDACTED] is not medically necessary.