

<b>Case Number:</b>	CM14-0116274		
<b>Date Assigned:</b>	08/04/2014	<b>Date of Injury:</b>	01/15/2002
<b>Decision Date:</b>	09/22/2014	<b>UR Denial Date:</b>	07/08/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	07/24/2014

### 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 66-year-old female who reported an injury on 01/15/2002. The mechanism of injury was not provided within the medical records. The clinical note dated 06/12/2014 indicated diagnoses of right hip sprain, left shoulder pain, lumbar sprain, bilateral knee sprain, status post left total knee replacement, gastritis, status post total knee replacement on the right side, anxiety/stress, and depression. The injured worker reported she continued to have extreme elevation of pain somewhere between 5 to 7, depending on whatever activities she was doing. The injured worker reported activities that involved raising the arms upward caused aggravation of pain. On physical examination of the cervical spine, there was tenderness noted at the cervical paravertebrals, and range of motion was restricted and painful in flexion, extension, and side to side tilt. The examination of the left shoulder revealed unrestricted range of motion in all planes. The examination of the lumbosacral spine revealed the injured worker ambulated with a slight antalgic gait. Heel and toe ambulation could not be conducted. The injured worker had tenderness throughout the lumbar paravertebrals, which was worse at L4-5 and L5-S1. The injured worker's lumbosacral spine range of motion revealed extension of 25 degrees, and lateral flexion and lateral rotation were within normal limits. The injured worker's straight leg raise test caused hamstring tightness as well as low back pain. The injured worker's Patrick's maneuver was positive on the right side with the examination of the hip. The examination of the left knee revealed slight tenderness as well as slight swelling. The examination of the right knee was restricted in extension, approximately -10 degrees. The injured worker had a bruise on the medial part of the patella crossing the knee joint, as well as a bruise on the lateral side as well as the gastroc. There was tenderness on 1 side of the injured worker's right knee on deep palpation, as well as inferior pole of the patella and medial joint line. The injured worker's treatment plan included Norco, Prilosec, and Xanax, continue home

exercise program, and followup visits as needed. The injured worker's prior treatments included diagnostic imaging, surgery, and medication management. The injured worker's medication regimen included Norco, Prilosec, and Xanax. The provider submitted a request for 6 H-wave unit patches. A Request for Authorization was not submitted for review to include the date the treatment was requested.

### **IMR ISSUES, DECISIONS AND RATIONALES**

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

**6 H-Wave Unit Patches:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not cite any medical evidence for its decision.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines H-wave stimulation (HWT) Page(s): 117.

**Decision rationale:** The request for 6 H-Wave Unit Patches is not medically necessary. The California MTUS Guidelines does not recommend the H-wave as an isolated intervention. It may be considered as a noninvasive conservative option for diabetic neuropathic, or chronic soft tissue inflammation if used as an adjunct to a program of evidence based functional restoration, and only following failure of initially recommended conservative care, including recommended physical therapy and medications, plus transcutaneous electrical nerve stimulation (TENS). In a recent retrospective study suggesting effectiveness of the H-wave device, the patient selection criteria included a physician documented diagnosis of chronic soft tissue injury or neuropathic pain in an upper or lower extremity or the spine that was unresponsive to conventional therapy, including physical therapy, medications, and TENS. There is a lack of documentation of efficacy and functional improvement in regards to the use of the H-wave. In addition, it was not indicated how often the unit was used, as well as the outcomes in terms of pain relief and function. Therefore, the request for 6 H-Wave Unit Patches is not medically necessary.