

<b>Case Number:</b>	CM14-0132517		
<b>Date Assigned:</b>	08/22/2014	<b>Date of Injury:</b>	05/14/2009
<b>Decision Date:</b>	09/29/2014	<b>UR Denial Date:</b>	08/04/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	08/19/2014

### 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 female who reported an injury 05/14/2009. The mechanism of injury was not provided within the medical records. The clinical note dated 07/23/2014 indicated a diagnoses of status post knee replacement on the left dated 02/10/2014, right total knee replacement dated 07/06/2011. The injured worker reported constant pain in her left knee described as piercing, rated 6/10 and also complained of numbness and tingling in her left lower leg. The injured worker reported that her pain was improving; numbness was noted over the surgical incision. The injured worker reported she took pain medication and her pain level was described without the effects of the medication. The injured worker reported waking during the night due to numbness with pain, it was described as tingling. The injured worker reported her pain was aggravated by prolonged sitting, prolonged standing, walking on uneven surfaces, and climbing and cold weather. The injured worker reported her pain was reduced to rest and activity modification and ice. The injured worker reported she had been keeping her leg elevated, and medications. On physical examination the injured worker ambulated with an antalgic gait and there was tenderness at the left knee. The injured worker was unable to squat, tiptoe, duck walk, but she was able to heel walk with difficulty. The injured worker had muscle atrophy that was much improved from postoperative, mild swelling noted to the left knee and a well healed incision. The injured worker's range of motion revealed knee flexion of 115 to the right, 120 to the left, knee extension 0 bilaterally, knee internal rotation and knee external rotation was not obtained. The injured worker's treatment plan included physical therapy consultation. The injured worker's prior treatments included diagnostic imaging, surgery and medication management. The injured worker's medication regimen was not provided for review. The provider submitted the request for H wave device for home purchase. A Request for

Authorization dated 07/25/2014 was submitted for H wave home purchase; however, rationale was not provided for review.

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

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

#### **H-Wave device for home purchase qty 1: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines TENS Page(s): 114-121, 171-172.

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

**Decision rationale:** The California MTUS guideline 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 lack of documentation of use of the TENS unit trial and as to how often the unit was used as well as outcomes in terms of pain relief and function. In addition, the request does not indicate a body part therefore the request is not medically necessary.