

<b>Case Number:</b>	CM14-0171220		
<b>Date Assigned:</b>	10/23/2014	<b>Date of Injury:</b>	06/28/2007
<b>Decision Date:</b>	11/21/2014	<b>UR Denial Date:</b>	10/02/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/16/2014

### 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, has a subspecialty in Neuromuscular Medicine and is licensed to practice in Maryland. 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 patient is a 56 year old male who had a work injury dated 6/28/07. The diagnoses include bilateral non cemented total knee replacement. Under consideration are requests for an H wave unit. A 7/8/14 document state that the patient has bilateral knee arthritis. He sustained a specific injury to the right knee on June 28, 2007. Right knee arthroscopic surgery was done. He did return back to work. He had worsening pain in the right knee between 2010 and 2011. Repeat arthroscopic surgery was done on the right knee in 2011. At that time, exposed bone was noted medially. A right knee replacement was done on July 30, 2012. Postoperatively the patient did improve but still has symptoms in the right knee. He continued to have ongoing problems with the left knee. Left total knee replacement was done on December 2, 2013. The patient notes some improvement but he continues to have swelling. There- is swelling noted today. There is no increased warmth. The patient is not febrile. X-rays were taken July 8, 2014 show good postoperative appearance consistent with bilateral non cemented knee replacements with no evidence of loosening. The patient has some swelling in the left knee and is now 8 months post op left total knee replacement. A 3/29/14 progress note states that the patient came for follow-up of status post left total knee replacement, status post right total knee replacement, and left knee pain secondary to favoring the right leg and putting more weight on the left leg. He states that he is doing fine. He is here for follow-up of bilateral knee x-rays. He states that the physical therapy has helped with range of motion, as well as the pain considerably, but he does state that he still has more swelling on the left side than the right. He was wondering if he could get some medication for the swelling. The patient is status post left total knee replacement. The wound has healed well. He has no calf swelling. There is no medial or lateral joint line tenderness. His range of motion on the left side is 0 to 80 degrees. Further flexion is possible to 90 degrees, but it

causes discomfort. He has decreased knee flexion left 100 and right 120. Anterior and posterior drawer tests are normal. Lachman's test and pivot shift sign are negative. No muscle atrophy or weakness is present. The patellae tread normally without significant crepitus. Patellar apprehension sign is absent. There is a request for additional PT.

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

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

**H Wave Unit:** Upheld

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

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

**Decision rationale:** H wave unit is not medically necessary per the MTUS Chronic Pain Medical Treatment Guidelines. The guidelines states that the H wave is not recommended as an isolated intervention, but a one-month home-based trial of H-Wave stimulation may be considered as a noninvasive conservative option for diabetic neuropathic pain 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 (i.e., exercise) and medications, plus transcutaneous electrical nerve stimulation (TENS). The documentation is not clear on if the patient has had a sufficient TENS trial and the outcome of this usage. The request for H wave unit is not medically necessary.