

<b>Case Number:</b>	CM14-0020444		
<b>Date Assigned:</b>	04/30/2014	<b>Date of Injury:</b>	07/12/2012
<b>Decision Date:</b>	07/09/2014	<b>UR Denial Date:</b>	01/27/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	02/19/2014

### 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 Neurology has a subspecialty in Neuromuscular 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:

The patient is a 31 year old woman who sustained a work related injury on July 12 2012. Subsequently, she developed chronic right knee pain. According to a note dated on November 11, 2013, the patient was complaining of right knee pain with swelling. The range of motion improved with physical therapy. Her physical examination demonstrated right knee positive McMurray test, tenderness to palpation of the right knee. Her MRI showed no meniscal or tendinous injury. The patient was diagnosed with status post right knee arthroscopic debridement performed on March 23, 2013, right knee sprain and for right knee and thorough derangement. The patient was treated with Prilosec, Motrin, Norco and topical analgesics. She was treated with TENS without help and physical therapy. Prior use of 23 days of H-wave, therapy did not help with the patient's pain.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**HOME H-WAVE DEVICE FOR 3 MONTH RENTAL:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Chronic Pain Medical Treatment Guidelines, H-Wave Stimulation (HWT).

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

**Decision rationale:** There is no documentation of patient tried and failed conservative therapy. There is no documentation of failure of first line therapy and conservative therapies including pain medications and physical therapy. There is no documentation that H therapy will be used in combination with other therapies modalities. The patient failed previous 23 days H-wave therapy with no documentation of pain and functional improvement. Therefore the request for H-Wave device for 3 month rental is not medically necessary.