

<b>Case Number:</b>	CM14-0024783		
<b>Date Assigned:</b>	06/13/2014	<b>Date of Injury:</b>	02/24/2012
<b>Decision Date:</b>	07/21/2014	<b>UR Denial Date:</b>	01/27/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	02/26/2014

### 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 and 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 patient is a 53 year old female who was injured on 02/24/2012 when she slipped on sheet metal injuring her right hip and knee. Prior treatment history has included the patient underwent right hip endoscopic repair and abductor tendon tear on 09/13/2013. The patient had 12 sessions of postoperative physical therapy which has been helping. Diagnostic studies reviewed include MRI of the right hip dated August 23, 2012, reveals, 1. Coxa magna with varus deformity and likely underlying hip dysplasia with right hip degenerative change including maceration/complex tear of the acetabular labrum. 2. Gluteus medius and minimus tendinosis/partial tear with overlying greater trochanteric bursitis is appreciated with postoperative change noted of the lateral soft tissues. Progress report dated 12/17/2013 documented that the patient presented for follow up of the right knee and right hip. The pain is rated at 2/10. She says she is not having any pain in her right knee currently and she is status post right hip surgery. She says that she is feeling much better since the surgery and continues to have follow-ups with the surgeon. She had developed a mass in the right hip since surgery but she says the surgeon ordered an MRI which is currently pending. She denies any fever, chills or sweats and she has ongoing postoperative therapy. Objective findings on right knee examination reveal range of motion is 0 to 130 degrees. No tenderness to palpation to the medial or lateral joint line. No patellofemoral crepitus. There is negative anterior and posterior drawer test. Stable to varus and valgus stress 0 and 30 degrees. No significant signs of infection or DVT. Motor strength is 5/5 for hamstrings and quadriceps. The right hip examination reveals incision site is clean, dry and intact. There are no signs of infection. Range of motion is limited by pain. There is palpable small mass about the size of a large grape on the lateral right hip. Diagnoses: 1. Right knee contusion resolved 2. Right hip scope 3. Right hip dysplastic degenerative changes Treatment Plan; The patient is advised to follow up with the surgeon and continue postoperative therapy and follow up after six weeks to

assess return to work status. Progress report dated 01/20/2014 documented that the patient complains of pain. Objective findings on exam exhibit impaired range of motion and impaired activity of daily living. Treatment Plan: Purchase of H-Wave unit. Utilization report dated 01/27/2014 states the request for Home H-Wave Device was not certified due to a lack of medical necessity.

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

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

**DME: HOME H-WAVE DEVICE:** 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 H-wave stimulation (HWT) Page(s): 117-118.

**Decision rationale:** As per CA MTUS guidelines, H-wave unit 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)." In this case, there is no documentation that the patient has diagnosis of either diabetic neuropathic pain or chronic soft tissue inflammation. Moreover, there is no documentation of trial and failure of TENS unit. Also, guidelines indicate that continued use of H-wave unit is recommended if there is documentation of adjunctive treatment modalities with active functional restoration and as to how often the unit was used, as well as outcomes in terms of pain relief and function. The records submitted for review fail to document if the prior treatment provided any therapeutic benefit or functional improvement. Therefore, the request for a home H-wave unit is not medically necessary.