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| <b>Case Number:</b>   | CM14-0029052 |                              |            |
| <b>Date Assigned:</b> | 06/16/2014   | <b>Date of Injury:</b>       | 06/27/2011 |
| <b>Decision Date:</b> | 07/23/2014   | <b>UR Denial Date:</b>       | 01/30/2014 |
| <b>Priority:</b>      | Standard     | <b>Application Received:</b> | 03/03/2014 |

### 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 Washington and 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 48-year-old male who reported an injury on 06/27/2011. The mechanism of injury was noted to be a fall. His prior treatments included medications, physical therapy, cortisone injections and arthroscopic surgery. The injured worker's diagnoses were noted to be status post right knee arthroscopy, medial meniscal tear to the left knee and left knee compensable injury. The injured worker had a clinical evaluation on 12/12/2013. His chief complaint was right knee pain. The documentation notes that the injured worker finished physical therapy bilaterally to the knees. However, the injured worker continued to have complaints of constant, severe right knee pain; he indicated this caused swelling, locking, clicking and popping. The injured worker rated his pain an 8/10 on a 1 to 10 scale. The injured worker indicated use of Diclofenac, Prilosec, Ultracet and omeprazole. The physical evaluation indicated positive medial and patellofemoral joint line tenderness. The right knee testing included positive patellofemoral compression, patellofemoral crepitation and positive McMurray's sign. More testing included negative Lachman's, anterior drawer sign, posterior drawer sign, medial collateral ligament, lateral collateral ligament, pivot shift sign and negative flexion drawer rotation test of Noyes. The injured worker's motor exam was intact 5/5 bilateral to the lower extremities. Sensation to light touch bilaterally in the lower extremities. Circulation was intact bilaterally to the lower extremities. He had negative Homans signs bilateral in the calves. His gait was antalgic because of right knee pain. The treatment plan included work restrictions with regard to the right knee, no repetitive squatting, kneeling or climbing. In addition, work restrictions with regard to the left knee included no repetitive squatting, kneeling or climbing. The documentation does not include a request for authorization for medical treatment. The provider's rationale for the requested H-wave device rental for 3 months was not provided within the documentation.

## IMR ISSUES, DECISIONS AND RATIONALES

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

**HOME H-WAVE DEVICE RENTAL X3 MONTHS:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 117.

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

**Decision rationale:** The request for home H-wave device rental x3 months is not medically necessary. The California MTUS Chronic Pain Medical Treatment Guidelines do not recommend H-wave stimulation as an isolated intervention, but a 1 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 and medications plus transcutaneous electrical nerve stimulation. The documentation submitted in the review does not indicate a recommendation for a 1 month home based trial of H-wave stimulation. The evaluation does not indicate neuropathic pain or soft tissue inflammation. It is not documented that the injured worker is participating in an evidence-based functional restoration. The injured worker has had physical therapy and medication management, however, the documentation fails to indicate transcutaneous electrical nerve stimulation. The guidelines insist on failed conservative care before trying the H-wave home based trial. The trial would be 1 month. The provider's request is for 3 months. As such, the request for a home H-wave device rental x3 months is not medically necessary.