

<b>Case Number:</b>	CM14-0034275		
<b>Date Assigned:</b>	06/20/2014	<b>Date of Injury:</b>	03/07/2013
<b>Decision Date:</b>	07/22/2014	<b>UR Denial Date:</b>	03/05/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	03/19/2014

### 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 Illinois. 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 54 year old female who reported an injury on 03/07/2013 due to a fall. There were complaints of low back and bilateral knee pain. On 01/21/2014 the physical examination revealed no gross ligamentous laxity on manual stress testing, but guarding and poor muscle relaxation. On 11/06/2013 the MRI revealed degenerative disk changes at L2-3, L4-5 and L5-S1 levels, degenerative facet changes noted at L4-5 and L5-S1 levels, and a central 3mm L5-S1 disk protrusion with minimal thecal sac impingement. Diagnoses include chronic thoraces-lumbar sprain-strain; degenerative changes 2mm joint space, L5-S1 disc protrusion and annular tear, and bilateral knee osteoarthritis. The injured worker had physical therapy as a method of past treatment. Medications included iron, levothroid, and Norco 5/325mg. The current treatment plan is for H-Wave homecare system for a 30 day trial. The rationale and request for authorization form were not submitted for review.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**H-Wave Homecare System for a 30 day trial:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines H-Wave Stimulation (HWT), TENS Page(s): 117-118.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Transcutaneous electrotherapy Page(s): 117-118.

**Decision rationale:** The MTUS guidelines state that H-wave stimulation may be considered as a noninvasive conservative option for chronic soft tissue inflammation if used as an adjunct to a program of evidence-based functional restoration. In this case, there was no documentation that would indicate that the injured worker is performing a program of evidence-based functional restoration. Given the above, the request for H-wave homecare system for 30 day trial is not medically necessary and appropriate.