

<b>Case Number:</b>	CM14-0039279		
<b>Date Assigned:</b>	06/27/2014	<b>Date of Injury:</b>	12/15/2009
<b>Decision Date:</b>	08/18/2014	<b>UR Denial Date:</b>	03/19/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	04/03/2014

### 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 and Rehabilitation, has a subspecialty in Interventional Spine 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 43-year-old male with a date of injury of 12/15/2009. The listed diagnoses are: Excision of semilunar cartilage of the knee, meniscectomy (2012) and Internal derangement of knee. According to progress report 02/26/2014, the patient presents with persistent intermittent left knee pain. The patient is status post ACL reconstruction in 2012. The patient was seen reevaluation was told his knee pain is associated with some arthritis of the knee. The patient reports intermittent pains mostly to the medial aspect of the knee as well as swelling. Examination finding notes the patient is unable to squat due to pain. Patellar compression test is positive. The request is for an H-wave home-care system trial x3 months. A utilization review denied the request on 03/19/2013.

### 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 3 month trial:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines H-wave Stimulation.

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

**Decision rationale:** This patient presents with ongoing left knee soreness and pain in the lateral hip and low back. The patient is status post left knee surgery from 2012. The patient most recently presented with mild swelling and TTP about the patella. The doctor recommended a trial of H-wave home-care system for 3 months. Utilization review denied the request stating lack of improved clinical outcomes via controlled trials. Per MTUS Guidelines, "H-wave is not recommended as an isolated intervention but a 1-month home-based trial of H-wave stimulation may be considered as non-invasive conservative option for diabetic neuropathic pain or 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 physical therapy, medication, and TENS unit." In this case, when an H-wave unit is indicated, MTUS recommends an initial one-month home based trial. The treater is requesting 3 months trial. Furthermore, MTUS considers H-wave only after failure of initially recommended conservative care, including physical therapy, medication, and TENS unit. There is no indication the patient has trialed a TENS unit. Recommendation is for denial.