

<b>Case Number:</b>	CM14-0053098		
<b>Date Assigned:</b>	07/07/2014	<b>Date of Injury:</b>	03/13/2003
<b>Decision Date:</b>	12/26/2014	<b>UR Denial Date:</b>	04/09/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	04/21/2014

### 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 Preventive 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:

According to the records made available for review, this is a 58-year-old male with a 3/13/03 date of injury. At the time (4/9/14) of the Decision for Home H-Wave Device, purchase, there is documentation of subjective (right knee pain and back pain) and objective (positive drawer sign on the right with significant movement of prosthesis) findings, current diagnoses (lower leg traumatic arthropathy, knee joint replacement, lumbago, and lower leg joint pain), and treatment to date (TENS unit, One month trial of Home H-wave, and Medications). There is no documentation of the effect and benefits of the one month trial of home H-wave device, how often the unit was used, as well as outcomes in terms of pain relief and function.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Home H-Wave Device, purchase:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Low Back Complaints Page(s): 117, 118.

**Decision rationale:** MTUS Chronic Pain Medical Treatment Guidelines identifies that a one-month home-based trial of H-Wave stimulation may be considered as a noninvasive conservative

option for chronic soft tissue inflammation 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 addition, MTUS Chronic Pain Medical Treatment Guidelines identifies that the effects and benefits of the one month trial should be documented (as an adjunct to ongoing treatment modalities within a functional restoration approach), how often the unit was used, as well as outcomes in terms of pain relief and function. Within the medical information available for review, there is documentation of lower leg traumatic arthropathy, knee joint replacement, lumbago, and lower leg joint pain. However, given documentation of one month trial of Home H-wave device, there is no documentation of the effect and benefits of the one month trial of home H-wave device (as an adjunct to ongoing treatment modalities within a functional restoration approach) as to how often the unit was used, as well as outcomes in terms of pain relief and function. Therefore, based on guidelines and a review of the evidence, the request for Home H-Wave Device, purchase is not medically necessary.