

<b>Case Number:</b>	CM14-0055659		
<b>Date Assigned:</b>	07/09/2014	<b>Date of Injury:</b>	03/02/2010
<b>Decision Date:</b>	08/08/2014	<b>UR Denial Date:</b>	04/14/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	04/24/2014

### 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:

This patient is a 59-year-old female with date of injury of 03/02/2010. Per treating physician's report 04/04/2014, the patient presents with complaints of pain, impaired activities of daily living. Under treatment recommendations, there is a check mark next to a box entitled Purchase/indefinite use. Treatment was for 2 times per day at 30 minutes per treatment prn, goal was to reduce pain, improve function, improve circulation, prevent need for oral medication. There were no progress reports provided and this file contains 29 pages. There is a prescription dated 11/27/2013, which lists a diagnosis of derangement of the medial meniscus, and this report recommends 30-day evaluation trial of H-wave.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**H-wave unit and supplies (rental or purchase):** 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 TENS  
Page(s): 114-121.

**Decision rationale:** This patient presents with what appears to be chronic knee pain. There were no progress reports provided, but two reports provided looked like progress reports, but they are

specific to the H-wave unit request for rental and purchase. There is no description of the patient's subjective complaints, history, and whether or not the patient has tried TENS unit in the past. The request is for H-wave rental/purchase. MTUS Guidelines do not support a trial of H-wave unit until the patient has tried and failed TENS unit. It is indicated for soft tissue inflammation and neuropathic pain. Given that there is no evidence of trial and failure of TENS unit in the past, the current request for H-wave rental/purchase would not be supported. Recommendation is for denial.