

<b>Case Number:</b>	CM14-0089378		
<b>Date Assigned:</b>	07/23/2014	<b>Date of Injury:</b>	01/15/2013
<b>Decision Date:</b>	09/19/2014	<b>UR Denial Date:</b>	05/30/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	06/16/2014

### 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, has a subspecialty in Pain 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:

The injured worker is a 36-year-old male with an original date of injury of January 15, 2013. The patient has knee pain and a history of lateral meniscectomy and excision in August 2013. The patient has had conservative therapy with physical therapy, work conditioning, and pain medications. The disputed issue is a request for an H wave stimulator which was denied in November 2013. A progress note in May 2014 states that the H wave stimulation is helpful. A utilization review determination on May 28th 2014 noncertified this request, stating that there had not been a failure of TENS unit documented prior to this request.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**DURABLE MEDICAL EQUIPMENT MI (ELECTRICAL STIMULATION UNIT, H-WAVE):** Upheld

**Claims Administrator guideline:** The Claims Administrator did not cite any medical evidence for its decision.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines H wave Section Page(s): 117-8.

**Decision rationale:** The CA MTUS specifies on pages 117-118 of the Chronic Pain Medical Treatment Guidelines the following regarding H-wave stimulation (HWT): "Not recommended

as an isolated intervention, but a one-month home-based trial of H-Wave stimulation may be considered as a noninvasive conservative option for diabetic neuropathic pain (Julka, 1998) (Kumar, 1997) (Kumar, 1998), 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 (i.e., exercise) and medications, plus transcutaneous electrical nerve stimulation (TENS)." The most recent progress reports were reviewed including a report on March 28, 2014, January 20, 2014, April 4, 2014, and various physical therapy notes. The issue in this case is there is no documentation of a failure of TENS therapy and how long this was tried for prior to H wave stimulation. Guidelines specify that a TENS trial must be failed prior to initiation of H-Wave stimulation. This request is not medically necessary.