

<b>Case Number:</b>	CM14-0007857		
<b>Date Assigned:</b>	02/10/2014	<b>Date of Injury:</b>	12/18/1997
<b>Decision Date:</b>	12/11/2015	<b>UR Denial Date:</b>	12/31/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	01/17/2014

### 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. 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/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:

State(s) of Licensure: California

Certification(s)/Specialty: Preventive Medicine, Occupational Medicine

### 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 41 year old male with an industrial injury date of 12-18-1997. Medical record review indicates he is being treated for chondromalacia of patella and brachial neuritis-radiculitis. Subjective complaints (10-24-2013) as noted by the treating physician included pain, impaired range of motion, impaired activities of daily living and failed trial of TENS unit. Objective findings and work status are not indicated in the 10-24-2013 note. Medications included Norco, Cymbalta and Xanax. Prior treatment included 24 plus visits of physical therapy and TENS unit. The request for purchase of home H-Wave device for neck and right knee pain was non-certified by utilization review on 12-31-2013.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Purchase of one (1) home H-Wave device for neck and right knee pain:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ACOEM-  
[https://www.acoempracguides.org/Chronic Pain: Table 2, Summary of Recommendations, Chronic Pain Disorders.](https://www.acoempracguides.org/Chronic%20Pain%20Table%202%20Summary%20of%20Recommendations%20Chronic%20Pain%20Disorders)

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Electrical stimulators (E-stim).

**Decision rationale:** The MTUS Guidelines do not recommend the use of H-wave stimulation as an isolated intervention. A one-month home-based trial of 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, and only following failure of initially recommended conservative care, including physical therapy and medications, plus transcutaneous electrical nerve stimulation. In this case, the available documentation provided evidence that a trial with TENS had been ineffective and a trial with H-wave had been 20% effective without documented functional benefit. The request for purchase of one (1) home H-Wave device for neck and right knee pain is determined to not be medically necessary.