

<b>Case Number:</b>	CM15-0009063		
<b>Date Assigned:</b>	01/30/2015	<b>Date of Injury:</b>	07/09/2013
<b>Decision Date:</b>	04/13/2015	<b>UR Denial Date:</b>	12/16/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	01/15/2015

### 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: Iowa, Illinois, Hawaii

Certification(s)/Specialty: Preventive Medicine, Occupational Medicine, Public Health & General Preventive 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 61 year old male, who sustained an industrial injury on 7/9/13. On 1/16/15, the injured worker submitted an application for IMR for review of Home H-Wave device for left knee, purchase. The treating provider has reported the injured worker complained of continued status post examination under anesthesia, diagnostic arthroscopy, and partial medial meniscectomy: debridement grade IV chondromalacia mediofemoral condyle grade III chondromalacia (9/27/13) left knee pain. The diagnoses have included pain in joint involving lower leg, tear medial cartilage or meniscus of knee. Treatment to date has included physical therapy, x-rays left knee, MRI left knee TENS unit and medication. On 12/16/14 Utilization Review non-certified a Home H-Wave device for left knee, purchase. The MTUS Chronic Pain Treatment Guidelines were cited.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Home H-Wave device for left knee, purchase:** Upheld

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

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

**Decision rationale:** Per MTUS Chronic Pain Medical Treatment Guidelines, "H-wave stimulation (HWT) is not recommended as an isolated intervention, but a one-month home-based trial of HWave stimulation may be considered as a noninvasive conservative option for diabetic neuropathic pain 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 and medications, plus transcutaneous electrical nerve stimulation (TENS). The one-month HWT trial may be appropriate to permit the physician and provider licensed to provide physical therapy to study the effects and benefits, and it should be documented (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. Rental would be preferred over purchase during this trial. Trial periods of more than one month should be justified by documentation submitted for review." While the treating physician documents improvement with use of a H- wave device and a trial and failure of first line therapy, rental is preferred over purchase. In addition, the treating physician does not fully detail if the patient is in a functional restoration program. As such, the request for Home H-Wave device for left knee, purchase is not medically necessary.