

<b>Case Number:</b>	CM15-0106832		
<b>Date Assigned:</b>	06/11/2015	<b>Date of Injury:</b>	11/14/2011
<b>Decision Date:</b>	07/16/2015	<b>UR Denial Date:</b>	05/19/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	06/03/2015

### 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: Texas, New York, 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 applicant is a represented 66-year-old [REDACTED] beneficiary who has filed a claim for chronic knee pain reportedly associated with an industrial injury of November 14, 2011. In a utilization review report dated May 19, 2015, the claims administrator failed to approve a request for an H-wave device and associated supplies. The applicant's attorney subsequently appealed. In a March 12, 2015 order form, the device vendor and/or attending provider sought authorization for the H-wave device. The device in question was apparently first furnished on January 30, 2015, at which point the applicant was using Soma and tramadol for pain relief, it was reported. Multiple attending provider progress notes were reviewed and seemingly contained no mention of the applicant's ongoing usage of the H-wave device.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Retrospective request for H-wave with supplies: electrodes, conductive paste or gel for the right knee (DOS: 4/13/15): Upheld**

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines H-wave stimulation (HWT) Page(s): 118.

**Decision rationale:** No, the H-wave device (purchase) with provision of associated supplies was not medically necessary, medically appropriate, or indicated here. As noted on page 118 of the MTUS Chronic Pain Medical Treatment Guidelines, provision of an H-wave device beyond an initial one-month trial should be justified by the documentation submitted for review, with evidence of favorable outcomes in terms of both pain relief and function. Here, however, it did not appear that the attending provider had submitted documentation for review identifying evidence of a favorable outcome following introduction of the H-wave device. The applicant's work status, functional status, and response to previous usage of the H-wave device were not clearly described, detailed, or characterized. The presence or absence of functional improvement in terms of the parameters established in MTUS 9792.20(e) was not discussed or detailed. The attending provider did not establish whether ongoing usage of the H-wave device had diminished the applicant's dependence on medications such as tramadol and Soma, nor did the attending provider establish whether ongoing usage of the H-wave device had facilitated the applicant's return to work. Therefore, the request was not medically necessary.