

<b>Case Number:</b>	CM15-0010268		
<b>Date Assigned:</b>	01/27/2015	<b>Date of Injury:</b>	06/11/2014
<b>Decision Date:</b>	04/23/2015	<b>UR Denial Date:</b>	12/29/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	01/19/2015

### 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: New York, West Virginia, Pennsylvania  
 Certification(s)/Specialty: Emergency 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 54-year-old male, who sustained an industrial injury on June 11, 2014. He has reported lower back pain and left leg pain. Diagnoses have included osteoarthritis of the knee, meniscus tear of the left knee, and internal derangement of the knee. Treatment to date has included physical therapy, H-wave therapy, and knee surgery. A progress note dated December 11, 2014 indicates notes that the injured worker is doing well with H-wave therapy following knee surgery on December 3, 2014. The treating physician documented a plan of care that included continued physical therapy and TheraEx program, continued H-wave therapy, and follow up in two to three days.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**H-Wave purchase; left knee:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines H-Wave Stimulation (HWT) Page(s): 117.

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

**Decision rationale:** Guidelines recommend H-wave stimulation as a conservative option for neuropathic pain, or chronic soft tissue inflammation and only following failure of initially recommended conservative care. In this case, the patient is recommended for surgery due to failure to improve from conservative care. Since surgery is certified, the request for H wave stimulation is not medically appropriate and necessary.