

<b>Case Number:</b>	CM15-0146494		
<b>Date Assigned:</b>	08/07/2015	<b>Date of Injury:</b>	10/18/2013
<b>Decision Date:</b>	09/03/2015	<b>UR Denial Date:</b>	07/10/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	07/28/2015

### 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: California, Indiana, New York  
Certification(s)/Specialty: Internal 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 58-year-old female, who sustained an industrial injury on 10-18-2013. Diagnoses have included status post left knee arthroscopy with severe tricompartmental osteoarthritis and left knee medial meniscal tear. Treatment to date has included left knee arthroscopy, physical therapy, transcutaneous electrical nerve stimulation (TENS), Monovisc viscosupplementation to left knee and medication. According to the progress report dated 4-27-2015, the injured worker used the home H-Wave for evaluation purposes from 2-24-2015 to 3-17-2015. She reported a decrease in the need for oral medication and reported the ability to perform more activity and greater overall function due to the use of the H-Wave device. The injured worker reported preferring the H-Wave device to medication. Per the progress report dated 5-4-2015, the injured worker reported that the Monovisc viscosupplementation injection to left knee given at the last visit was greatly beneficial in controlling her symptoms. She reported that she still had some achiness, stiffness and pain. Exam of the left knee showed positive patellofemoral crepitation and positive grind. There was tenderness to palpation along the lateral and medial joint lines. Authorization was requested for purchase of a home H-Wave device.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Purchase of a Home H-Wave Device:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines H-wave stimulator Page(s): 117-118. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain section, H-wave stimulator.

**Decision rationale:** Pursuant to the Official Disability Guidelines, purchase home H wave device is not medically necessary. H wave stimulation (HWT) is not recommended as an isolated intervention for chronic pain but one-month trial, home-based, may be considered as a noninvasive conservative option. There is insufficient evidence to recommend the use of H stimulation for the treatment of chronic pain as no high quality studies were identified. The following Patient Selection Criteria should be documented by the medical care provider for HWT to be determined medically necessary. These criteria include other noninvasive, conservative modalities for chronic pain treatment have failed, a one-month home-based trial following a face-to-face clinical evaluation and physical examination performed by the recommending physician, the reason the treating physician believes HWT may lead to functional improvement or reduction in pain, PT, home exercise and medications have not resulted in functional improvement or reduction of pain; use of TENS for at least a month has not resulted and functional improvement or reduction of pain. A one month trial will permit the treating physician and physical therapy provider to evaluate any effects and benefits. In this case, the injured worker's working diagnoses are status post left knee diagnostic and operative arthroscopy with severe tricompartmental osteoarthritis. The date of injury is October 8, 2013. Request for authorization is April 27, 2015. According to a May 4, 2015 progress note, the injured worker underwent knee arthroscopy October 31, 2014. The worker has received hyaluronic acid injections and has, as noted above, severe tricompartmental osteoarthritis. The treating provider conducted a 21-day H wave trial from February 24 through May 17, 2015. (See Patient Compliance and Outcome Report) The Home Electrotherapy Recommendation History states the injured worker used a TENS for 10 minutes in the office. TENS did not provide relief. According to the May 4, 2015 progress note, the injured worker used TENS in the past that provided "great relief". The documentation is conflicting as to whether TENS provided relief or did not provide relief. TENS application to the knee is indicated for osteoarthritis. Clarification is necessary to determine whether H wave purchase is clinically indicated. Based on the clinical information in the medical record, peer-reviewed evidence-based guidelines and inconsistent documentation regarding TENS benefit to the affected knee, purchase home H wave device is not medically necessary.