

<b>Case Number:</b>	CM15-0189433		
<b>Date Assigned:</b>	10/01/2015	<b>Date of Injury:</b>	12/12/2014
<b>Decision Date:</b>	11/09/2015	<b>UR Denial Date:</b>	09/16/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	09/25/2015

### 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  
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 44 year old male, who sustained an industrial injury on 12-12-14. Medical records indicate that the injured worker is undergoing treatment for a right knee medial meniscus tear, chondromalacia patella and pain in the joint of the lower leg. The injured worker was not working due to being laid off. On (8-12-15) the injured worker noted improvement in his right knee since the prior visit. The injured worker was post-operative right knee surgery on 5-7-15. The injured worker was noted to be using an H-Wave unit daily at home with great benefit and no longer needed pain medication. The injured worker denied pain, numbness and tingling. The injured worker noted mild intermittent pain. Pain was noted with going up and down stairs. The injured workers activity level was noted to be increased and he was walking longer distances. Examination of the right knee revealed normal strength and a range of motion of 0-120. Crepitus was noted with range of motion. Treatment and evaluation to date has included medications, MRI of the right knee (2-20-15), home exercise program and a right knee arthroscopy. A current medication list was not provided. The request for authorization dated 9-9-15 requested a Home H-Wave device purchase-indefinite use. The Utilization Review documentation dated 9-16-15 non-certified the request for a Home H-Wave device purchase-indefinite use.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Home H-Wave device - purchase/indefinite use:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009.

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

**Decision rationale:** The requested Home H-Wave device - purchase/indefinite use, is not medically necessary. CA MTUS Chronic Pain Treatment Guidelines, Pages 117-118, H-Wave Stimulation (HWT), noted that H-wave is "Not recommended as an isolated intervention, but a one-month home-based trial of H-Wave 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 (i.e., exercise) and medications, plus transcutaneous electrical nerve stimulation (TENS)." The injured worker has noted improvement in his right knee since the prior visit. The injured worker was post-operative right knee surgery on 5-7-15. The injured worker was noted to be using an H- Wave unit daily at home with great benefit and no longer needed pain medication. The injured worker denied pain, numbness and tingling. The injured worker noted mild intermittent pain. Pain was noted with going up and down stairs. The injured workers activity level was noted to be increased and he was walking longer distances. Examination of the right knee revealed normal strength and a range of motion of 0-120. Crepitus was noted with range of motion. The treating physician has not documented failed TENS Unit trials, nor the duration of expected use of an H- wave unit. The criteria noted above not having been met, Home H-Wave device - purchase/indefinite use is not medically necessary.