

<b>Case Number:</b>	CM15-0198003		
<b>Date Assigned:</b>	10/13/2015	<b>Date of Injury:</b>	11/22/2013
<b>Decision Date:</b>	11/25/2015	<b>UR Denial Date:</b>	09/28/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/08/2015

### 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, Illinois

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 injured worker is a 57 year old female, who sustained an industrial injury on 11-22-2013. A review of the medical records indicates that the injured worker (IW) is undergoing treatment for left knee pain and shoulder pain. Medical records (04-21-2015 to 08-07-2015) indicate improving left knee pain after undergoing left knee surgery. Pain levels were initially rated 4-9 out of 10 in severity on a visual analog scale (VAS) on 04-21-2015, and were decreased to 2-4 out of 10 by 08-07-2015. Records also indicate improved activity levels and level of functioning. Per the treating physician's progress report (PR), the IW has returned to work with restrictions. The physical exam, dated 08-07-2015, revealed no significant objective findings. Relevant treatments have included: left knee surgery, physical therapy (PT), H-Wave trial with decreased pain, work restrictions, and medications. An H-Wave trial was initiated on 06-25-2015 and was noted to allow the IW to decrease medication due to a 30% decrease in pain levels, increase activity levels, and sleep better. The request for authorization (09-17-2015) shows that the following equipment was requested: H-Wave device purchase for the left knee. The original utilization review (09-28-2015) non-certified the request for the purchase of an H-Wave device for the left knee.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**H-wave device purchase left knee: 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): Transcutaneous electrotherapy. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Knee & Leg (Acute & Chronic) Extracorporeal shock wave therapy (ESWT).

**Decision rationale:** The injured worker sustained a work related injury on 11-22-2013. The medical records provided indicate the diagnosis of left knee pain and shoulder pain. Medical records (04-21-2015 to 08-07-2015) indicate improving left knee pain after undergoing left knee surgery. Treatments have included left knee surgery, physical therapy (PT), H-Wave trial with decreased pain, work restrictions, and medications. The medical records provided for review do not indicate a medical necessity for H-wave device purchase left knee. The MTUS Knee chapter is silent on the use of H-Wave for treatment of knee conditions, but the MTUS chronic pain Guidelines states that it is not recommended as an isolated intervention, but a one-month home-based trial of H-Wave stimulation may be considered as a non-invasive 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). Although the medical records indicate improved pain, increased activities of daily living and less need for medication during the use of the H-wave, the records do not indicate it was used as an adjunct to functional restoration. Also, the Official Disability Guidelines states that H-wave is under study for patellar tendinopathy and for long-bone hypertrophic non-unions. The request is not medically necessary.