

<b>Case Number:</b>	CM15-0199782		
<b>Date Assigned:</b>	10/15/2015	<b>Date of Injury:</b>	09/21/2012
<b>Decision Date:</b>	12/16/2015	<b>UR Denial Date:</b>	09/21/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/12/2015

### 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: Physical Medicine & Rehabilitation

### 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 55 year old female, who sustained an industrial injury on September 21, 2012. The injured worker was diagnosed as having left knee medial meniscal tear, lumbar five to sacral one left paracentral disc bulge with mild stenosis, cervical seven to thoracic one disc bulge, cervicalgia, bilateral wrist contusions, bilateral carpal tunnel syndrome, lumbar strain, right knee medial and lateral meniscal tear, status post left knee medial meniscectomy on January 16, 2015, and right sacroiliac joint dysfunction. Treatment and diagnostic studies to date has included physical therapy with quantity unknown, above noted procedure, medication regimen, magnetic resonance imaging of the left knee, use of a transcutaneous electrical nerve stimulation unit, and use of an H-wave unit. In a progress note dated August 06, 2015 the treating physician reports complaints of pain to the left neck, the bilateral wrists, the low back, the left knee, and the bilateral ankles. Examination performed on August 06, 2015 was revealing for tenderness to the bilateral wrists with the left greater than the right, decreased range of motion to the bilateral wrists, positive Phalen's testing to the bilateral wrists with the left greater than the right, tenderness to the lumbosacral junction, tenderness to the left sacroiliac joint, tenderness to the upper buttocks bilaterally, paresthesia to the right lumbar four, five, and sacral one dermatomes, decreased range of motion to the lumbar spine, positive posterior thigh thrust testing, positive Fortin testing, positive compression testing, tenderness to the medial joint line on the left knee, decreased range of motion to the left knee, and pain with valgus stress testing on the left. On August 06, 2015, the injured worker's pain level was rated a 7 out of 10 to the neck and the low back, a 9 out of 10 to the bilateral wrists, and a 5 out of 10 to the left knee with

and without the use of her medication regimen along with the pain rating to the bilateral ankles was rated to be a 5 out of 10 with the use of her medication regimen and the rated the pain a 7 out of 10 without the use of her medication regimen. The progress note from September 04, 2015 noted that the injured worker has been able to "perform more activity and greater overall function due to the use of the H-wave device" along with noting use of the device 4 times a day 7 days a week for 45 plus minutes per session, but the progress note did not include the injured worker's pain level prior to use of the H-wave device and after use of the H-wave device to indicate the effects of the H-wave device. On September 04, 2015 the treating physician requested the purchase of a home H-wave device to decrease or eliminate the pain, to decrease or prevent the use of oral medications, to decrease or prevent muscle spasms, to improve function with activities of daily living, to improve circulation and decrease congestion to the injured region, and to provide a self-management tool to the injured worker. On September 21, 2015 the Utilization Review determined the request for the purchase of a home H-wave device to be non-certified.

### **IMR ISSUES, DECISIONS AND RATIONALES**

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

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

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Transcutaneous electrotherapy.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Transcutaneous electrotherapy.

**Decision rationale:** The current request is for Purchase of Home H-Wave Device. Treatment and diagnostic studies to date has included physical therapy, left knee medial meniscectomy on January 16, 2015, medications, magnetic resonance imaging of the left knee, use of a transcutaneous electrical nerve stimulation unit, and use of an H-wave unit. The patient is temporary totally disabled. Per MTUS Guidelines page 117, H-wave Stimulation (HWT) section, "H-wave is not recommended as an isolated intervention, but a 1-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." MTUS further states "trial periods of more than 1 month should be justified by documentations submitted for review." MTUS also states that "and only following failure of initially recommended conservative care, including recommended physical therapy (i.e., exercise) and medications, plus transcutaneous electrical nerve stimulation (TENS)." Page 117 Guidelines also require "The one-month HWT trial may be appropriate to permit the physician and provider licensed to provide physical therapy to study the effects and benefits, and it should be documented (as an adjunct to ongoing treatment modalities within a functional restoration approach) as to how often the unit was used, as well as outcomes in terms of pain relief and function." Per report 09/04/15, the patient has been able to "perform more activity and greater overall function due to the use of the H-wave device." The patient was noted to use the device 4 times a day 7 days a week for 45 plus minutes per session. The treating physician requested the purchase of a home H-wave device to decrease or eliminate the pain, to decrease or prevent the

use of oral medications, to decrease or prevent muscle spasms, to improve function with activities of daily living, to improve circulation and decrease congestion to the injured region, and to provide a self-management tool for the patient. In this case, the treater states that the patient is able to perform "more activity" with "greater overall function," however progress reports indicate pain rating of "10/10 on VAS" for the neck, bilateral wrist, low back and bilateral knee pain. The patient continues to report significant pain, remains temporarily totally disabled, and there is no indication of reduction of medication. Given the lack of documentation regarding improvement in pain and specific functional improvement, the request is not medically necessary.