

<b>Case Number:</b>	CM15-0204415		
<b>Date Assigned:</b>	10/21/2015	<b>Date of Injury:</b>	02/10/2015
<b>Decision Date:</b>	12/02/2015	<b>UR Denial Date:</b>	09/17/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/19/2015

### 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: California

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 44 year old male who sustained an industrial injury on 2-10-15. A review of the medical records indicates he is undergoing treatment for right knee meniscal tears, L4-S1 dessications-herniations, lumbar region sprain and strain, contusion of the right knee, and internal derangement of the knee. He is status post right knee arthroscopic surgery on 7-27-15. Medical records (9-3-15) indicate that his right knee is "getting better", but notes pain with bending and flexing of the knee. The treating provider indicates that he is "still having pain in the lumbar spine". The provider also indicates "slight" relief of pain with medications. He is attending physical therapy. Physical therapy notes (8-17-15, 8-19-15, 9-3-15, and 9-16-15) indicate that the injured worker has been using an H-wave unit at home, in addition to physical therapy sessions. The 8-19-15 physical therapy note states that the injured worker "is feeling better and that the H-wave home unit has been beneficial for pain management". The 9-3-15 physical therapy note states that he injured worker is having knee pain when going up stairs. On 9-16-15, the therapist indicates that the injured worker is "feeling about the same". The utilization review (9-17-15) includes a request for authorization of a home H-wave device for purchase to be used in 30-60 minute sessions as needed. The request was denied.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Home H-Wave Device for purchase to be used in 30-60 minute sessions as needed: 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:** MTUS Guidelines have very specific criteria before the purchase of an H-wave unit is supported in the Guidelines. These criteria include a 30 day home trial and failure of a TENS unit. If there is failure of a TENS unit, then prior to purchase of an H-wave unit the Guideline recommend a 30 day rental and trial of an H-wave unit with well documented benefits. These criteria have not been met. A few PT notes document that a TENS unit was beneficial in therapy, but there is no documentation of follow up with 30 day home trial of a TENS unit. In addition, there is no documentation of a 30 day trial of an H-wave unit. There are no unusual circumstances to justify an exception to Guidelines. The Home H-Wave Device for purchase to be used in 30-60 minute sessions as needed is not supported by Guidelines and is not medically necessary.