

<b>Case Number:</b>	CM15-0024902		
<b>Date Assigned:</b>	02/17/2015	<b>Date of Injury:</b>	02/21/2003
<b>Decision Date:</b>	04/02/2015	<b>UR Denial Date:</b>	01/13/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	02/09/2015

### 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: Family Practice

### 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 73 year old female, who sustained an industrial injury on 02/21/2003. The diagnoses have included knee sprain. Noted treatments to date have included knee surgery, knee brace, physical therapy, H-Wave, and medications. Diagnostics to date have included left knee x-ray on 08/05/2013 which showed status post left total knee arthroplasty per visit note. In a progress note dated 12/19/2014, the injured worker presented with complaints of pain and impaired activities of daily living. The treating physician reported the injured worker has reported the ability to perform more actively and greater overall function due to the use of the H-Wave device. Utilization Review determination on 01/13/2015 non-certified the request for H-Wave Homecare Device citing Medical Treatment Utilization Schedule Chronic Pain Medical Treatment Guidelines.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**H-Wave homecare device:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 117-118.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines H-wave stimulation (HWT) Page(s): 117-118.

**Decision rationale:** According to the MTUS guidelines, H-wave stimulation (HWT) 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). In this case, the injured worker is followed for chronic knee pain and has undergone a trial of the H-wave unit. The injured worker is reporting benefit with the use of this unit; however, the medical records do not establish whether the injured worker has been able to decrease her medication use during the H-wave trial, and the medical records also do not establish whether the H-wave unit is being used as an adjunct to a home exercise program. As such, the request for H-wave stimulation is not medically necessary.