

<b>Case Number:</b>	CM15-0211475		
<b>Date Assigned:</b>	10/30/2015	<b>Date of Injury:</b>	03/27/2015
<b>Decision Date:</b>	12/11/2015	<b>UR Denial Date:</b>	10/02/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/27/2015

### 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, Indiana, New York  
Certification(s)/Specialty: Internal 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 28-year-old female who sustained an industrial injury on 3-27-15. The injured worker reported knee discomfort. A review of the medical records indicates that the injured worker is undergoing treatments for right knee sprain. Medical records dated 7-24-15 indicate pain rated at 1-2 out of 10 noted as "worsened with walking and standing". Provider documentation dated September of 2015 noted the injured worker has "reported a decreased in the need of oral medication due to the use of the H-Wave device." Treatment has included Advil, H-wave, transcutaneous electrical nerve stimulation unit, physical therapy and medication management. Objective findings dated 7-24-15 were notable for antalgic gait, crepitus, and medial and lateral joint line tenderness. The original utilization review (10-2-15) denied a request for Home H-wave device for right knee, purchase.

### 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 right knee, purchase:** Upheld

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

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain section, H-wave stimulation (HWT).

**Decision rationale:** Pursuant to the Official Disability Guidelines, home H-wave for right knee, purchase is not medically necessary. H wave stimulation (HWT) is not recommended as an isolated intervention for chronic pain but one-month trial, home-based, may be considered as a noninvasive conservative option. There is insufficient evidence to recommend the use of H stimulation for the treatment of chronic pain as no high quality studies were identified. The following Patient Selection Criteria should be documented by the medical care provider for HWT to be determined medically necessary. These criteria include other noninvasive, conservative modalities for chronic pain treatment have failed, a one-month home-based trial following a face-to-face clinical evaluation and physical examination performed by the recommending physician, the reason the treating physician believes HWT may lead to functional improvement or reduction in pain, PT, home exercise and medications have not resulted in functional improvement or reduction of pain; use of TENS for at least a month has not resulted and functional improvement or reduction of pain. A one-month trial will permit the treating physician and physical therapy provider to evaluate any effects and benefits. In this case, the injured worker's working diagnosis is right knee sprain. Date of injury is March 27, 2015. Request for authorization is September 30, 2015. The documentation indicates the injured worker underwent a 30-day H wave trial from August 18, 2015 through September 16, 2015. The home electrotherapy recommendation and history indicates the injured worker used TENS six times for 20 to 30 minutes in the clinical setting. TENS did not provide relief. The guidelines recommend use of TENS for at least a month and have not resulted and functional improvement or reduction of pain. TENS was not provided for at least a month in a setting outside of the provider's office. According to a September 24, 2015 progress note, subjective complaint is pain. Objectively, there are no objective clinical findings documented in the record. The objective/subjective findings section contains the short-term response to the H wave trial. There were no subjective objective findings documented in September 24, 2015 progress note. There is insufficient evidence to recommend the use of H stimulation for the treatment of chronic pain as no high quality studies were identified. Based on the clinical information in the medical record, peer-reviewed evidence-based guidelines, and no documentation including a one month TENS trial with failure of that trial (6, 20 to 30 minute sessions were provided) and guideline nine recommendations, home H-wave for right knee, purchase is not medically necessary.