

<b>Case Number:</b>	CM15-0221371		
<b>Date Assigned:</b>	11/16/2015	<b>Date of Injury:</b>	07/10/2014
<b>Decision Date:</b>	12/30/2015	<b>UR Denial Date:</b>	11/05/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	11/10/2015

### 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, Hawaii

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:

This is a 63 year old male with a date of injury on 7-10-14. A review of the medical records indicates that the injured worker is undergoing treatment for right knee pain. Progress report dated 10-13-15 reports continued complaints of severe right knee pain. He is starting to develop left knee pain. He is not taking any medication at this time. Physical exam: both knees stiff and sore, left knee decreased range of motion, positive meniscal findings both knees. MRI right knee prior to surgery showed meniscal damage with cartilaginous destruction. No studies done on left knee. Treatments include: medication, injections, TENS, physical therapy and arthroscopic surgery right knee. Request for authorization was made for H-Wave. Utilization review dated 11-5-15 non-certified the request.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**H-Wave:** 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 CA MTUS, H-Wave stimulation.

**Decision rationale:** The records indicate the patient has complaints of severe right knee pain. The current request is for H-Wave. The attending physician states, "the patient had in physical therapy the use of a TENS unit. This was successful. Therefore, I want to do an H-Wave trial to see if it is helpful to get him through the next several months." The CA MTUS has this to say regarding H-Wave stimulation: 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 use of H-wave unit as an isolated treatment is not consistent with MTUS guidelines. H-wave for chronic soft tissue inflammation is recommended as an adjunct to a program of evidence-based functional restoration. MTUS recommends a one-month trial and the current request is for H-wave with no specific duration. The current request is not medically necessary.