

<b>Case Number:</b>	CM14-0137714		
<b>Date Assigned:</b>	09/05/2014	<b>Date of Injury:</b>	02/04/2012
<b>Decision Date:</b>	10/30/2014	<b>UR Denial Date:</b>	07/24/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	08/25/2014

### 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. The expert reviewer is Board Certified in Physical Medicine and Rehabilitation, has a subspecialty in Interventional Spine and is licensed to practice in California. 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/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

### 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 patient is a 53-year-old male with date of injury of 02/04/2012. The listed diagnoses per [REDACTED] from 04/15/2014 are: Left knee arthroscopy from 1981; Right knee arthroscopy from May 2012; Anterior cruciate ligament tear from September 2013; Diabetes mellitus. According to this report, the patient complains of knee stiffness and pain. Scar tissue has formed and his knee has not improved. The examination shows the patient is well developed, well nourished, in no acute distress. Neck is supple. No JVD, no adenopathy, and no palpable thyroid tissue noted. Back is nontender, no deformity present. No clubbing, cyanosis, or edema were present in the extremities. Neurologic examination showed 2+ knee jerks and absent ankle jerks. The utilization review denied the request on 07/24/2014.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Home H-Wave device purchase:** Overturned

**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 Page(s): 117-118.

**Decision rationale:** This patient presents with right knee pain. The patient is status post right knee arthrofibrosis, ACL reconstruction from 04/23/2014. The treating physician is requesting a home H-wave device purchase. The MTUS guidelines, pages 117 to 118, support a 1-month home-based trial of H-wave treatments as a noninvasive conservative option for diabetic neuropathy or chronic soft tissue inflammation if used as an adjunct to a program of evidence-based functional restoration and only following failure of initial recommended conservative care including recommended physical therapy, medications, and TENS. The report from 06/30/2014 by [REDACTED] notes that the patient has utilized a home H-wave unit from 06/04/2014 to 06/20/2014. This report appears to be a standard form noting the duration of the use of the H-wave unit and what outcomes were generated with its use. In this form the treating physician states, "Patient has reported a decrease in the need for oral medication due to the use of H-wave device. Patient has reported the ability to perform more activity and general overall function due to the use of the H-wave device. Patient has reported use of the H-wave device a 70% reduction in pain." And a direct statement from the patient was also quoted, "More family interaction. When I have a lot of pain and swelling on my knee, this device helps me a lot." The patient utilized the H-wave device 2 times per day, 7 days per week, less than 30 minutes per session. In this case, given adequate documentation of how H-wave is used and its functional benefit, recommendation is that it is medically necessary.