

<b>Case Number:</b>	CM14-0138287		
<b>Date Assigned:</b>	09/05/2014	<b>Date of Injury:</b>	06/16/2013
<b>Decision Date:</b>	10/17/2014	<b>UR Denial Date:</b>	07/31/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	08/26/2014

### 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 Occupational Medicine 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:

Patient is a 66-year-old female who has submitted a claim for lateral epicondylitis, carpal tunnel syndrome, lumbar sprain/strain, internal derangement of knee not otherwise specified, cervical sprain, and pain in limb, associated with an industrial injury date of June 16, 2013. Medical records from January 2014 to July 2014 were reviewed. Patient complained of right leg pain, as well as swelling. She noted that the pain followed an injury where she was tripped and fell onto her hands and knees. She also complained of neck and back pain. H-wave at home was noted to be beneficial. Physical examination of the cervical and lumbar spine revealed tenderness and spasm. There was also limited range of motion in the lumbar spine. Grip strength of the left hand was reduced. Knee joint lines were tender. McMurray's test was positive bilaterally. Anterior drawer test was positive on the left. Treatment to date has included pain medications, H-wave, 24 sessions of physical therapy (July 2013 to February 2014), and home exercise program. Utilization review from July 31, 2014 denied the request for H-wave stimulation device. The proposed treatment did not meet the medical necessity guidelines.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**H-wave stimulation device:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines 9792.24.2, H-Wave Stimulation Page(s): 117-118..

**Decision rationale:** According to pages 117-118 of CA MTUS Chronic Pain Treatment Guidelines H-Wave stimulation 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. It should be 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). There is no evidence that H-Wave is more effective as an initial treatment when compared to TENS for analgesic effects. One-month HWT trial may be appropriate when the above criteria are met. In this case, according to the progress report, dated June 11, 2014, the patient responded well with the use of H-wave at home. She noted that the H-wave reduced her neck and back pain. The medical records, however, did not show objective evidence that patient failed from pain medications, physical therapy, and home exercise program. It was stated that the previous sessions of physical therapy helped the patient in the past. There was also no mention of prior use of TENS unit. The guideline clearly states that H-wave device is only an option after failure of aforementioned conservative measures. Guideline criteria are not met. Moreover, request is incomplete. There is no mention whether the device is for rental or for purchase. Body part to be treated is also not specified. Therefore, the request for H-Wave stimulation device is not medically necessary.