

<b>Case Number:</b>	CM14-0085837		
<b>Date Assigned:</b>	07/23/2014	<b>Date of Injury:</b>	10/07/2010
<b>Decision Date:</b>	09/22/2014	<b>UR Denial Date:</b>	05/23/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	06/09/2014

### 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:

This is 44-year-old male with a date of injury of 10/7/10. The mechanism of injury was not noted. On 3/4/14, it was noted that the he was approved for a TENS unit only, but stated that the H-wave device proved to be much more effective when this option was tried with his physical therapist. On 4/29/14, he complained of knee pain, sprain of ankle and depression and anxiety. He stated his left knee pain is improving because of physical therapy. He continues to have significant pain to his left foot. The pain is burning and rated 8/10. He stated he has been using a trial TENS Unit, which has helped to decrease his pain particularly in the left knee. On exam, he is anxious and depressed. His antalgic gait favors the right, striking the ground with the lateral aspect of the foot. He did not have his cane today. The diagnostic impression is knee pain, sprain of ankle, and depression. Treatment to date: TENS Unit, physical therapy, medication management. A UR decision dated 5/29/14 denied the request for DME: H-wave device purchase for the left knee. A recommendation for H-wave device 30-days home-based trial at a recent peer review on 4/23/14 was made. A follow-up evaluation on 4/29/14 does not document or refer to this such as TENS unit trial, the outcome of such trial if performed, was not available for review. The H-Wave Device purchase for home use was denied because; there was absence of documented confirmation of satisfactory outcome of a 30-day home-based trial of the H-wave device as recommended at an earlier peer review. This is the reason for non-certification as the guidelines criteria and standard of practice considerations are not met.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**DME: H-wave Device Purchase for left knee:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not cite any medical evidence for its decision.

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

**Decision rationale:** CA MTUS states that a one-month home-based trial of H-wave stimulation may be indicated with chronic soft tissue inflammation and when H-wave therapy will be used as an adjunct to a method of functional restoration, and only following failure of initial conservative care, including recommended physical therapy and medications, plus transcutaneous electrical nerve stimulation (TENS). However, the patient stated on 3/4/14, that he was approved for a TENS Unit only, but stated that the H-wave was much more effective than the TENS Unit when this option was tried by the physical therapist. On 4/29/14, the patient stated he has been using the TENS unit, which has helped to decrease his pain, especially in the left knee. It does not appear that the patient has failed the trial of the TENS Unit at this time. In addition, the request is for a purchase of an H-wave and does not indicate how long the H-wave is to be used or if this is a trial or not. The endpoint of therapy is unclear. Therefore, the request for DME: H-wave device purchase for left knee is not medically necessary.