

<b>Case Number:</b>	CM14-0179257		
<b>Date Assigned:</b>	11/03/2014	<b>Date of Injury:</b>	03/15/2007
<b>Decision Date:</b>	01/07/2015	<b>UR Denial Date:</b>	10/16/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/28/2014

### 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 Orthopedic Surgery and is licensed to practice in Minnesota. 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 injured worker is a 60 year old female with a painful right total knee arthroplasty and right sciatic pain. The date of surgery is not reported. The records indicate ligamentous laxity of the right total knee, tenderness over the medial aspect, and stiffness with the range of motion being 10-110 degrees. On exam she has medial laxity in full extension and also in 30 degrees of flexion. There is atrophy of the vastus medialis obliquus muscle and medial pain for which an unloader brace was prescribed. She is not happy with the surgical outcome; however, exchanging the tibial poly insert for a thicker poly to compensate for the laxity has not been discussed. The disputed issue pertains to a request for purchase of an H-wave stimulator instead of the current rental device.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**H-Wave Purchase:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Transcutaneous electrical nerve stimulation, H-wave stimulation Page(s): 117, 118.

**Decision rationale:** H-wave stimulation is not recommended as an isolated intervention but may be beneficial in diabetic neuropathy pain or chronic soft tissue inflammation if used as an adjunct to a program of functional restoration and only following failure of initially recommended conservative care, including physical therapy and medications, plus TENS. The medical records indicate it was prescribed to build up the atrophied vastus medialis muscle. However, it is not useful for that indication. The records document medial laxity of the total knee arthroplasty in full extension as well as 30 degrees of flexion which in the absence of loosening may necessitate a thicker poly rather than long term use of an H-wave stimulator which does not address the problem of a painful total knee arthroplasty. The medical records do not indicate a type of chronic pain for which long term use of an alternative form of pain management such as an H-wave stimulator would be preferable to addressing the source of pain. Based on the above guidelines, the request for purchase of the H-wave stimulator is not medically necessary.