

<b>Case Number:</b>	CM15-0078326		
<b>Date Assigned:</b>	04/29/2015	<b>Date of Injury:</b>	08/28/2003
<b>Decision Date:</b>	05/26/2015	<b>UR Denial Date:</b>	04/15/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	04/23/2015

### 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: North Carolina

Certification(s)/Specialty: Family Practice

### 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 63 year old male who sustained an industrial injury on 08/28/2003. The injured worker was diagnosed with bilateral knee degenerative joint disease. The injured worker has a medical history of diabetes mellitus, hypertension and coronary artery disease status post stent in 2006. The injured worker is status post left total knee arthroplasty on September 29, 2014. Treatment to date includes diagnostic testing, surgery, post-operative physical therapy and occupational therapy, cortisone injections to right knee, transcutaneous electrical nerve stimulation (TEN's) unit, medications and a trial H wave therapy. According to the primary treating physician's progress, report on March 31, 2015 the injured worker continues to experience pain in the left and right knee. Examination of the left knee demonstrated tenderness at the medial and lateral joint line with decreased range of motion. No instability was noted. Motor strength was diminished with sensation intact. Right knee demonstrated no tenderness and full range of motion. Current medications were not documented. Treatment plan consists of home exercise program and the current request for H-wave unit with electrodes and gel for 1 month.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**H-wave unit/electrodes/gel x 1 month:** 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 H wave therapy Page(s): 117.

**Decision rationale:** The California MTUS section on H-wave therapy states: 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 (Julka, 1998) (Kumar, 1997) (Kumar, 1998), 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). The recommendations are for H wave to be used in conjunction with a program of evidence base restoration. The patient will be using this with a home exercise program. This does not meet criteria and therefore the request is not certified.