

<b>Case Number:</b>	CM15-0079426		
<b>Date Assigned:</b>	04/30/2015	<b>Date of Injury:</b>	01/20/2014
<b>Decision Date:</b>	06/01/2015	<b>UR Denial Date:</b>	03/25/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	04/24/2015

### 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: Maryland

Certification(s)/Specialty: Internal Medicine, Rheumatology

### 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 42 year old female, who sustained an industrial injury on 1/20/14. The injured worker was diagnosed as having lumbar spine condition, status post right knee scope and left knee derangement. Treatment to date has included physical therapy, oral medications, chiropractic sessions, epidural steroid injection, home exercise program and acupuncture treatments. Currently, the injured worker complains of low back pain and left knee pain. Physical exam noted joint line tenderness with cracking and crepitation of left knee with patellofemoral pain. The treatment plan included continuation with primary care physician, awaiting approval for left knee surgery and progress with ambulation.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**H-Wave unit purchase:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Electrical Stimulators (E-stim). Decision based on Non-MTUS Citation Official Disability Guidelines Treatment in Workers Compensation, Pain (Chronic) H-wave stimulation (HWT).

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

**Decision rationale:** This 42 year old female has complained of knee pain and low back pain since date of injury 1/20/14. She has been treated with surgery, epidural steroid injection, acupuncture and chiropractic therapy. The current request is for H wave stimulation. per the MTUS guidelines cited above, 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 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). There is no documentation in the available medical records of the plan for a program of functional restoration and inadequate documentation of failure of conservative therapy. On the basis of the available medical records and per the MTUS guidelines cited above, H wave unit purchase is not medically necessary.