

<b>Case Number:</b>	CM14-0141568		
<b>Date Assigned:</b>	09/10/2014	<b>Date of Injury:</b>	01/13/2002
<b>Decision Date:</b>	10/20/2014	<b>UR Denial Date:</b>	08/26/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	09/02/2014

### 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 Anesthesiology, has a subspecialty in Pain 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:

The injured worker is a 62 year old female who sustained an injury to her left knee on 01/13/02. The mechanism of injury was not documented. Records indicate that the injured worker is status-post total knee replacement for degenerative joint disease of the left knee. Treatment to date has included opioid analgesics, physical therapy, and TENS unit which did not provide adequate pain relief. Clinical note dated 07/02/14 recommended a 30 day trial of H-wave home care system. A clinical note dated 07/18/14 reported that the injured worker continued to complain of right knee pain which she indicated radiated up her right thigh and into the gluteal muscle, as well as down her right leg to her ankle at 8-9/10 VAS. It was reported that she has utilized H-wave unit on her knee which did not provide relief. Physical examination noted antalgic gait favoring the right leg; 2+ swelling in the back of the right knee; tenderness medially/laterally and anteriorly; decreased range of motion throughout the right knee. H-wave injured worker compliance and outcome report dated 08/03/14 noted that the injured worker used the H-wave device for 21 days and according to the information provided, the H-wave unit helped more than with any prior treatment, as she was able to decrease her medication use. Recommendation was made for a purchase of home H-wave device.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Purchase of Home H-Wave Device and System:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines H-Wave Stimulation.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines H-wave stimulation (HWT), Page(s): 117-18.

**Decision rationale:** The request for purchase of home H-wave device and system is not medically necessary. The previous request was denied on the basis that curiously, her H-wave injured worker compliance and outcome report indicated that she had a 30% decrease in pain, increased ability to sleep, increased ability to participate in social activities, and decreased medication use with the H-wave unit; however, the documentation does not indicate what body part she was using the H-wave stimulator on or whether she was using the unit as an adjunct to her program of evidence based functional restoration. The CAMTUS only recommends use of an H-wave stimulation unit as an adjunct to a program of evidence based functional restoration, in the absence of this documentation, the purchase of an H-wave unit was not deemed as medically appropriate. After reviewing the submitted documentation, there was no additional significant objective clinical information provided that would support the need to reverse the previous adverse determination. Given this, the request for purchase of home H-wave device and system is not indicated as medically necessary.