

<b>Case Number:</b>	CM13-0003916		
<b>Date Assigned:</b>	12/27/2013	<b>Date of Injury:</b>	08/25/2006
<b>Decision Date:</b>	02/28/2014	<b>UR Denial Date:</b>	07/02/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	07/26/2013

### HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to a physician reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The physician reviewer is Board Certified in Physical Medicine and Rehabilitation, has a subspecialty in Neuromuscular Medicine and is licensed to practice in Maryland. 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 physician 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:

A progress note dated 06/12/13 indicates that claimant has residual suprascapular pain. The left arm functional capacity has remained stable. The claimant has residual left Scapulothoracic, shoulder, and lateral elbow pain. The claimant also has persistent left thumb pain with gripping to date. On exam there is heightened suprascapular spasm with mild tenderness/swelling. There is full left elbow and left thumb range of motion. There is mild left lateral epicondyle tenderness without swelling. There is left extensor forearm tenderness without trigger points. There is mild first metacarpophalangeal joint tenderness. The rest of the left upper extremity exam is unremarkable. The provider recommends H-wave rental unit to decrease suprascapular pain, spasm and swelling, and to continue use of the left thumb brace and medication. Documentation from 7/19/13 indicates that patient has tried the H wave for 23 days for her shoulder and elbow. August 12, 2013 letter from patient states that, "My movement and pain relief have improved considerably since I started using the H Wave device. I have used other treatments such as TENS but only had temporary relief. I am also using less medication since using the H-Wave device."

### IMR ISSUES, DECISIONS AND RATIONALES

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

**DME: H-Wave System 30 day rental:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines.

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

**Decision rationale:** The MTUS Chronic Pain Guidelines recommend using the H wave system as a one month trial if used as an adjunct to a program of evidence based functional restoration. Documentation submitted does not indicate that the H wave unit will be used as an adjunct to a functional restoration treatment plan and therefore is not medically necessary and appropriate.