

<b>Case Number:</b>	CM13-0006973		
<b>Date Assigned:</b>	11/22/2013	<b>Date of Injury:</b>	12/02/2011
<b>Decision Date:</b>	04/02/2014	<b>UR Denial Date:</b>	07/09/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	08/05/2013

### 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 Occupational 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 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.

### 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 applicant has filed a claim for chronic shoulder and leg pain reportedly associated with an industrial injury of December 2, 2011. Thus far, the applicant has been treated with the following: Analgesic medications; attorney representation; transfer of care to and from various providers in various specialties; and prior right shoulder arthroscopy on September 19, 2013, and at least 24 sessions of postoperative physical therapy, per the claims administrator. In a utilization review report of July 9, 2013, the claims administrator denied a request for purchase of an H-Wave homecare system. An August 8, 2013 progress note is notable for comments that the applicant is working modified duty work in the property division with the [REDACTED]. The applicant states that he is using a conventional TENS unit, which is helping. Physical therapy is also helping, although the applicant apparently has residual weakness about the shoulder with strength scored at 4/5. The applicant is described as having reached maximum medical improvement. It is stated that he will continued on modified work indefinitely.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**H-WAVE HOMECARE SYSTEM:** Upheld

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

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

**Decision rationale:** As noted on page 117 of the MTUS Chronic Pain Medical Treatments Guidelines, H Wave homecare systems are tepidly endorsed as a fourth-line option in the treatment of soft tissue inflammation or diabetic neuropathic pain in those individuals who have tried and failed conventional treatment such as time, medications, physical therapy, analgesic medications, and a conventional TENS unit. In this case, however, the claimant is described as having used a TENS unit to good effect. The claimant has also apparently employed physical therapy to good effect; it was suggested on a recent progress note. The claimant's favorable response to physical therapy and conventional TENS therapy effectively obviates the need for the fourth-line H-Wave device. Therefore, the request for the H-Wave homecare system is not certified, on independent medical review.