

<b>Case Number:</b>	CM13-0015123		
<b>Date Assigned:</b>	03/26/2014	<b>Date of Injury:</b>	01/02/2008
<b>Decision Date:</b>	05/08/2014	<b>UR Denial Date:</b>	08/01/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	08/21/2013

### 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 Florida. 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 51-year-old female who reported an injury on 01/02/2008, due to a trip and fall. The injured worker ultimately underwent left shoulder surgery on 03/12/2013 and received postoperative therapy to include physical therapy, medications, and a TENS unit. On 07/08/2013, a request was made for an H-wave therapy unit for purchase. It was noted that the injured worker had undergone an initial trial of home H-wave therapy which provided a 38% improvement in pain complaints, with increased range of motion and functional improvement.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**H WAVE UNIT AND SUPPLIES, RENTAL OR PURCHASE:** 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 Stimulation (HWT) Page(s): 117.

**Decision rationale:** The requested H-wave unit and supplies for rental or purchase is not medically necessary or appropriate. California Medical Treatment Utilization Schedule does not recommend the use of an H-wave therapy unit as a standalone treatment. This treatment modality is recommended as an adjunct therapy to an active restoration program. The clinical

documentation submitted for review does not provide any evidence that the injured worker is participating in an active functional restoration program. Additionally, it is noted that the injured worker underwent a trial of an H-wave unit in the home. Results from that trial included 38% pain relief with an increase in range of motion and functional benefit. However, the request as it is submitted does not clearly identify the intent and duration of the request. Therefore, the appropriateness of the request as it is written cannot be determined. As such, the requested H-wave unit and supplies for rental or purchase is not medically necessary or appropriate.