MAXIMUS Federal Services

| Case Number: | CM13-0022720 | | |
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| Date Assigned: | 04/25/2014 | Date of Injury: | 03/08/2011 |
| Decision Date: | 06/10/2014 | UR Denial Date: | 09/10/2013 |
| Priority: | Standard | Application Received: | 09/10/2013 |

## 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 Neurology, has a subspecialty in Neuromuscular Medicine; Electrodiagnostic 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:

[redacted] is a 55-year-old woman who sustained a work-related injury on March 8, 2011. Subsequently she developed with right shoulder pain and right wrist pain. According to a note dated on April 4, 2013, the patient was complaining of right shoulder and right wrist pain. She also reported right arm numbness. The patient was treated with Pennsaid, Arthrotec, Lo Loestrin. Her physical examination demonstrated right shoulder pain with reduced range of motion, right wrist tenderness with reduced range of motion. The patient was diagnosed with the cervical radiculopathy, carpal tunnel syndrome, rotator cuff disorder, and shoulder and wrist pain. Her physical examination of July 25, 2013 documented painful restricted wrist, elbow and neck range of motion. The patient was tried on 14 days of H wave therapy on August 2013 with minimum improvement.

## IMR ISSUES, DECISIONS AND RATIONALES

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

**DME: HOME H-WAVE DEVICE:** 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 Page(s): 117.

**Decision rationale:** According to MTUS guidelines, H wave stimulation is not recommended in isolation. It could be used in diabetic neuropathy and neuropathic pain and soft tissue pain after failure of conservative therapies. There is no controlled supporting its use in radicular pain.There is no documentation that the request of H wave device is prescribed with other pain management strategies. Futhermore, there is no clear evidence for the need of H wave therapy. There is no documentation of patient tried and failed conservative therapy. There is no documentation of failure of first line therapy and conservative therapies including pain medications and physical therapy. The patient tried and failed 14 days of H wave therapy and not 30 days of H wave therapy as recommeded by MTUS guidelines. Therefore, DME: Home H-Wave Device is not medically necessary.