

<b>Case Number:</b>	CM13-0024497		
<b>Date Assigned:</b>	11/20/2013	<b>Date of Injury:</b>	08/03/2010
<b>Decision Date:</b>	01/24/2014	<b>UR Denial Date:</b>	08/30/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	09/16/2013

### 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 Pain Medicine and is licensed to practice in Oklahoma and Texas. 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:

The patient is a 27-year-old female with a reported date of injury on 08/03/2010; the mechanism of injury was a repetitive use injury. The patient presented with neck (primarily left-sided) pain, upper back pain, left shoulder pain, decreased left shoulder range of motion, restricted cervical spine range of motion, paravertebral muscle spasms, tenderness, and tight muscle bands and trigger points in the cervical spine, and tenderness in the paracervical muscles and trapezius. Spurling's maneuver did not produce pain in the neck musculature or radicular symptoms in the arm, upper limb reflexes were equal and symmetric, and sensation was intact to pinprick throughout the patient's body. The patient presented with diagnoses including carpal tunnel syndrome, rotator cuff disorder NEC, cervicobrachial syndrome, neck sprain, and joint pain in the shoulder. The physician's treatment plan included request for an H-wave device for 1-month rental.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Home H wave device for one month rental:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not cite any medical evidence for its decision.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Section H-wave stimulation (HWT), Page(s): 117-118.

**Decision rationale:** The California MTUS guidelines note H-Wave is not recommended as an isolated intervention, but a one-month home-based trial of H-Wave stimulation may be considered as a noninvasive conservative option for diabetic neuropathic pain, or chronic soft tissue inflammation if used as an adjunct to a program of evidence-based functional restoration, and only following failure of initially recommended conservative care, including recommended physical therapy (i.e., exercise) and medications, plus transcutaneous electrical nerve stimulation (TENS). The one-month HWT trial may be appropriate to permit the physician and provider licensed to provide physical therapy to study the effects and benefits, and it should be documented (as an adjunct to ongoing treatment modalities within a functional restoration approach) as to how often the unit was used, as well as outcomes in terms of pain relief and function. Rental would be preferred over purchase during this trial. Within the provided documentation, it was noted the patient had undergone treatment with medications, physical therapy, and TENS, which did not provide adequate relief or benefit. The patient was noted to have utilized the H-wave for 10 days and it helped more than prior treatment. It was noted the patient was able to increase function and improve the activities including more housework, sitting longer, sleeping better, and standing longer. It was noted the patient received 50% improvement in pain with the use of H-wave. The H-wave was utilized twice per day for greater than 45 minutes. Within the provided documentation, it was unclear if the patient had already completed a full month of in-home H-wave trial. Per the provided documentation, the patient has utilized the H-wave for at least 10 days and it was unclear if the month was completed. Additionally, it was unclear within the provided documentation if the H-wave device would be utilized in conjunction with a program of evidence-based functional restoration. Therefore, the request for a home H-wave device for 1-month rental is neither medically necessary, nor appropriate.