

<b>Case Number:</b>	CM13-0026273		
<b>Date Assigned:</b>	12/27/2013	<b>Date of Injury:</b>	02/14/2013
<b>Decision Date:</b>	04/30/2014	<b>UR Denial Date:</b>	08/20/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	09/18/2013

### 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 Physical Medicine and Rehabilitation 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:

The patient is a 67-year-old female who reported an injury on 02/14/2013. The mechanism of injury was noted to be the patient slipped and fell on a wet floor. The clinical documentation of 09/06/2013 revealed the patient was utilizing an H-wave device with 95% relief that lasted for almost 24 hours, whereas the TENS unit only gave the patient some relief, and only lasted until the patient removed it. The treatment plan included an H-wave device and modified work treatment. The patient's diagnoses included strain of neck, strain of back lumbosacral joint, sprain of shoulder, and knee joint pain.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**H-WAVE UNIT FOR HOME USE:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Transcutaneous Electrical Nerve Stimulation (TENS)..

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

**Decision rationale:** The MTUS Chronic Pain Medical Treatment Guidelines do not recommend H-wave stimulation as an isolated intervention, however, it is recommended for a 1 month trial for neuropathic pain or chronic soft tissue inflammation if it is used as an adjunct to a program of

evidence-based restoration, and only following failure of initially recommended conservative care, including recommended physical therapy and medications, as well as a TENS unit. The medical documentation submitted for review indicated the patient had trialed a TENS unit and failed. However, there was a lack of documentation indicating the patient would be using the H-wave as an adjunct to a program of evidence-based restoration, and failed to provide documentation the patient had a failure of initially recommended conservative care including physical therapy and medications. The request as submitted failed to indicate the duration of use, and whether the request was for a rental or purchase. The request for an H-wave unit for home use is not medically necessary and appropriate.