

<b>Case Number:</b>	CM13-0036118		
<b>Date Assigned:</b>	03/19/2014	<b>Date of Injury:</b>	09/01/2012
<b>Decision Date:</b>	06/30/2014	<b>UR Denial Date:</b>	10/04/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/18/2013

### 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 & Pain Management, 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 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 67-year-old male who reported an injury on 09/07/2012; the mechanism of injury was unclear within the provided documentation. The clinical note dated 09/17/2013 noted the injured worker complained of pain and impaired activities of daily living. The treatment plan included a request for the H-wave home care system for purchase/indefinite use. It was noted that the injured worker reported a decrease in the need for oral medication due to the use of the H-wave device. The injured worker was also noted to perform more activity and have greater overall function due to the use of the H-wave device. The Request for Authorization for home H-wave device for purchase/indefinite use to be used in 30-40 minute sessions as needed was submitted on 09/17/2013.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**H- WAVE UNIT PURCHASE .:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines TRANSCUTANEOUS ELECTROTHERAPY, TRANSCUTANEOUS ELECTRICAL NERVE STI.

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

**Decision rationale:** The request for H-Wave unit purchase is non-certified. The California Guidelines state that H-wave stimulation is not recommended as an isolated intervention, but a 1-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). Within the clinical notes provided for review, there was lack of documentation of the injured worker participating in physical therapy, a home exercise program and using the H-wave unit in adjunct with the mentioned modalities. Within the provided documentation it was noted the injured worker reported a decrease in the need for oral medication due to the use of the H-wave device and an increase in activity and greater overall function due to the use of the H-wave device; however, it was unclear how long the injured worker utilized the device daily, the frequency at which it was being used, as well as if the injured worker completed a one month homebased trial. As such, the request for H-wave unit purchase is not medically necessary and appropriate.