

<b>Case Number:</b>	CM13-0037185		
<b>Date Assigned:</b>	02/07/2014	<b>Date of Injury:</b>	11/18/1998
<b>Decision Date:</b>	04/15/2014	<b>UR Denial Date:</b>	09/18/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/21/2013

### 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 Physical Medicine and Rehabilitation, has a subspecialty in Pain Management 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:

This is a patient with a date of injury of 11/18/98. A utilization review determination dated 9/18/13 recommends non-certification of H-Wave rental. A 9/9/13 "Progress Report Addendum" cites pain, impaired ROM, and impaired ADLs and notes that initially recommended care has already been tried, including "physical therapy and or exercise, medications, clinical or home trial of TENS, TENS is not indicated for patient's complaints/goals.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**H-WAVE UNIT RENTAL (QUANTITY=DAYS) QUANTITY 1.00:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Chronic Pain Medical Treatment Guidelines.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Chronic Pain Medical Treatment Guidelines Page(s): 114, 117-118 or 127.

**Decision rationale:** Regarding the request for H-wave unit rental, CA MTUS Chronic Pain Medical Treatment Guidelines state that H-wave stimulation 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 and medications plus transcutaneous electrical nerve stimulation. Within the documentation available for review, there are boxes checked indicating that the patient has undergone physical therapy. It also identifies conflicting information that clinical or home trial of TENS has been tried and also that TENS is not indicated for patient's complaints/goals. It identifies neither details of the TENS trial (length of trial, response, etc.), nor does it state why TENS use is not indicated. The accompanying medical reports from the provider do not identify any TENS use. In the absence of clarity regarding the above issues, the currently requested H-wave unit rental is not medically necessary.