

<b>Case Number:</b>	CM13-0046434		
<b>Date Assigned:</b>	01/03/2014	<b>Date of Injury:</b>	11/25/2009
<b>Decision Date:</b>	03/25/2014	<b>UR Denial Date:</b>	10/18/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	11/12/2013

### 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 Occupational 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 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 applicant is a [REDACTED] employee who has filed a claim for chronic elbow and shoulder pain reportedly associated with an industrial injury of November 25, 2009. Thus far, the applicant has been treated with the following: Analgesic medications; transfer of care to and from various providers in various specialties; topical applications of ice and cold; and unspecified amounts of physical therapy and massage therapy over the life of the claim. In a Utilization Review Report of October 18, 2013, the claims administrator denied a request for an H-Wave home care system. The applicant's attorney subsequently appealed. On an applicant survey of November 14, 2013, the device vendor and applicant stated that ongoing usage of the H-Wave device has been beneficial and that the applicant has tried and failed a TENS unit, physical therapy, and medications. The form seemingly uses preprinted checkboxes with little or no narrative commentary. It is unclear whether the attending provider in fact endorsed the request or whether the request stems solely from the device vendor and/or the applicant. Multiple physical therapy progress notes interspersed throughout August 2013 were appreciated. The applicant was asked to continue physical therapy on these dates.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**H-wave for one (1) month:** 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 Page(s): 117.

**Decision rationale:** As noted on page 117 of the MTUS Chronic Pain Medical Treatment Guidelines, H-Wave home care systems are, at best, tepidly endorsed in the treatment of diabetic neuropathic pain and/or chronic soft tissue inflammation in those applicants who are proven recalcitrant to time, medications, physical therapy, and a conventional TENS unit. In this case, however, the attending provider had seemingly posited that the applicant responded favorably to introduction of physical therapy. The applicant did return to work following introduction of physical therapy. There is likewise no evidence of medication failure. There is no clear evidence of TENS unit failure. Again, the request for the H-Wave device appears to have been initiated by the treating therapist without the endorsement of the attending provider. There is no clear evidence that MTUS criteria for pursuit of an H-Wave home care system trial have been met. Therefore, the request remains non-certified, on Independent Medical Review.