

<b>Case Number:</b>	CM13-0056472		
<b>Date Assigned:</b>	01/15/2014	<b>Date of Injury:</b>	02/26/2013
<b>Decision Date:</b>	04/22/2014	<b>UR Denial Date:</b>	11/13/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	11/22/2013

### 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 Internal 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 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 64-year-old female with date of injury on 02/26/2013 when she injured her neck after closing the hood of a bus she was driving. She has had treatment with chiropractic care, physical therapy, and had used both opioid and non-opioid therapy. There is no real documentation as to outcomes of these therapies in the clinical notes. MRI findings showed chronic changes that were felt not to be related to her industrial injury. There was no electrodiagnostic evidence of any abnormality in the neck or bilateral upper extremities. H wave therapy was reported to have been used in the notes available and the report states the patient had better function and less pain. The current request is for H-wave therapy.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**H-WAVE PURCHASE:** 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 Transcutaneous electrotherapy Page(s): 114-121.

**Decision rationale:** The MTUS guidelines for H-wave therapy state that this modality be used in a limited trial fashion for pain if standard therapy, medications, physical therapy, and

transcutaneous electric nerve stimulation (TENS) unit have failed. There is no documentation as to outcomes of these specific therapies, nor documentation of exam findings or pain scores based on any of these treatments. Furthermore, there is no evidence of any electrodiagnostic nerve abnormality of the cervical or bilateral upper extremities. MRI findings are chronic in nature and not felt to be related to the acute industrial injury. Therefore, guidelines for H-wave therapy have not been met and the H-wave therapy is not medically necessary.