| Case Number: | CM13-0064505 | | |
|---|---|---|---|
| Date Assigned: | 01/03/2014 | Date of Injury: | 08/23/2012 |
| Decision Date: | 05/16/2014 | UR Denial Date: | 11/21/2013 |
| Priority: | Standard | Application Received: | 12/11/2013 |

## 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 & Rehabilitation and is licensed to practice in 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 40-year-old male who reported injury on 08/23/2012. The mechanism of injury was the injured worker was pulling upward, using extra force, while trying to unhook a bag of clothing when he felt a burning sensation in his neck and his right shoulder radiating down to his right foot. The documentation of 08/12/2013 revealed the injured worker utilized the H-wave unit, which provided some temporary relief of muscle spasms. DWC Form RFA on 11/01/2013 was for the purchase and indefinite use of the H-wave device. The diagnoses were right cervical radiculopathy with C6 weakness, right shoulder impingement syndrome, and right snapping scapula.

## IMR ISSUES, DECISIONS AND RATIONALES

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

**ONE HOME H-WAVE DEVICE PURCHASE:** Upheld

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

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

**Decision rationale:** California MTUS Guidelines do not recommend H-wave stimulation as an isolated intervention. The clinical documentation submitted for review indicated the injured

worker had trailed the H-wave device. However, there was a lack of documentation of the recent objective findings for the date of submission, 11/01/2013, to indicate the injured worker had objective functional benefit. The documentation submitted was the DWC form RFA. There was no PR-2. There was lack of documented support for the H-wave device purchase. Given the above, the request for one home h-wave device purchase is not medically necessary.