

<b>Case Number:</b>	CM13-0064942		
<b>Date Assigned:</b>	01/03/2014	<b>Date of Injury:</b>	07/31/2002
<b>Decision Date:</b>	06/10/2014	<b>UR Denial Date:</b>	11/03/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	12/12/2013

### 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 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 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:

According to the records made available for review, this is a 57-year-old female with a 7/31/02 date of injury. At the time of request for authorization for H-Wave unit and supplies (rental or purchase), there is documentation of subjective findings of neck pain and left upper extremity pain with sleep disturbances and objective findings of limited shoulder range of motion, positive Neer and Hawkins, reduced range of motion in the cervical spine, positive Spurling's, weakness in the shoulder abductors, external rotators, and internal rotators. The current diagnoses are cervical radiculopathy, cervical pain, disc disorder cervical, and shoulder pain. The treatment to date is activity modification, physical therapy, TENS unit, and medications. A report indicates that physical therapy has been helping the patient, as well as TENS, which provides 23 hours of relief of the left shoulder and trapezius pain. There is no documentation of chronic soft tissue inflammation.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**H-WAVE UNIT AND SUPPLIES (RENTAL OR PURCHASE):** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines H-Wave Stimulation (HWT)..

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines H-Wave Stimulation (HWT), Page(s): 117-118.

**Decision rationale:** California MTUS identifies documentation of chronic soft tissue inflammation and the H-wave will be 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), as criteria necessary to support the medical necessity of an H-wave unit. Within the medical information available for review, there is documentation of diagnoses of cervical radiculopathy, cervical pain, disc disorder cervical, and shoulder pain. In addition, there is documentation that the H-wave will be used as an adjunct to a program of evidence-based functional restoration following failure of initially recommended conservative care, including recommended physical therapy (exercise) and medications, plus transcutaneous electrical nerve stimulation (TENS). However, there is no documentation of chronic soft tissue inflammation. Therefore, based on guidelines and a review of the evidence, the request for H-Wave unit and supplies (rental or purchase) is not medically necessary.