

<b>Case Number:</b>	CM13-0072059		
<b>Date Assigned:</b>	01/08/2014	<b>Date of Injury:</b>	06/28/2012
<b>Decision Date:</b>	06/05/2014	<b>UR Denial Date:</b>	12/24/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	12/30/2013

### 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 and is licensed to practice in Illinois. 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 52 year old female who reported an injury on 06/28/2012. She reportedly developed left shoulder pain while performing accomidated division secretarial duties. The clinical note dated 01/21/2014 presented the injured worker with continuous left shoulder pain. The injured worker's physical exam findings reported the range of motion was 150/140/L4 and the strength was a 4/5 with external rotation/ abduction with noted weakness. The injured worker was recommended for a 3 month rental extension of an H-wave unit. The request for authorization form was not included with the medical documents.

### IMR ISSUES, DECISIONS AND RATIONALES

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

#### **3 MONTH RENTAL EXTENSION OF H-WAVE UNIT: Upheld**

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

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

**Decision rationale:** The California MTUS guidelines does not recommend the H-wave as an isolated intervention. It may be considered as a noninvasive conservative option for diabetic neuropathic, 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 (TENS). In a recent retrospective study suggesting effectiveness of the H-wave device, the patient selection criteria included a physician documented diagnosis of chronic soft-tissue injury or neuropathic pain in an upper or lower extremity or the spine that was unresponsive to conventional therapy, including physical therapy, medications, and TENS. In this case, the medical documentation does not address any numbness or muscle weakness to suggest neuropathic pain. There is also lack of measurable functional improvement made by the injured worker from the one-month trial originally authorized on 09/30/2013. Furthermore, the guidelines would support purchase versus extension of rental period after the 1 month trial. The request for 3 month rental extension of H-Wave unit is not medically necessary and appropriate.