

<b>Case Number:</b>	CM13-0072614		
<b>Date Assigned:</b>	01/17/2014	<b>Date of Injury:</b>	01/30/2002
<b>Decision Date:</b>	06/06/2014	<b>UR Denial Date:</b>	12/27/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	12/27/2013

### 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 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 injured worker is a 48-year-old female that reported a shoulder and cervical injury on 01/30/2002. The mechanism of injury was not found within the submitted documentation. Within the clinical note dated 12/07/2013, the note was repeated and had not been updated to include an adequate physical exam beyond blood pressure monitoring and a list of the injured workers prescribed medications. The physical therapy notes submitted listed the modalities performed with each visit; however, objective documentation indicating the success of the therapy was not documented. The request for authorization is dated 12/17/2013.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**H-WAVE RENTAL ONE MONTH QTY:1.00:** 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.

**Decision rationale:** The Chronic Pain Guidelines do not recommend H-wave as an isolated intervention, but a one-month home-based trial of H-wave stimulation may be considered as a noninvasive conservative option for diabetic neuropathic pain, 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). The clinical notes do not provide a clear physical assessment of the injured worker. In addition, the physical therapy notes do not note whether the conservative care was successful as functional improvement was not quantified. Lastly, it was unclear if a TENS unit had been previously tried as well as the outcome of the trial of the therapy. Hence, the request is non-certified.