

<b>Case Number:</b>	CM14-0003358		
<b>Date Assigned:</b>	01/31/2014	<b>Date of Injury:</b>	09/09/2009
<b>Decision Date:</b>	06/20/2014	<b>UR Denial Date:</b>	12/26/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	01/09/2014

### 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 Orthopedic Surgery 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 50 year old female who reported an injury on 09/09/2009. The mechanism of injury was a slip and fall. The physical exam dated 10/29/2013 reported the injured worker complained of pain, exhibited impaired range of motion, as well as impaired activities of daily living. The injured worker had 27 days of use of an H-wave device from 11/13/2013- 12/10/2013. The injured worker noted the H-Wave had helped with pain more than prior treatments and she had slight improvement in range of motion. The injured worker also underwent prior treatments including physical therapy, medications, and injections. The injured worker had a diagnosis of a rotator cuff sprain. The provider requested additional months of home H-wave device for 3 months. The request for authorization was provided and dated 12/10/2013.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**ADDITIONAL MONTHS OF HOME H-WAVE DEVICE(QUANTITY= MONTHS 3.00):**  
Upheld

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

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

**Decision rationale:** The request for additional months of Home H-Wave device for 3 months is not medically necessary. The injured worker complained of pain, exhibited impaired range of motion, as well as impaired activities of daily living. The California MTUS 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 following failure of initially recommended conservative care including recommended physical therapy and medications, plus transcutaneous electrical nerve stimulation (TENS). The one-month HWT trial may be appropriate to permit the physician and provider licensed to provide physical therapy to study the effects and benefits, and it should be documented (as an adjunct to ongoing treatment modalities within a functional restoration approach) as to how often the unit was used, as well as outcomes in terms of pain relief and function. The injured worker underwent physical therapy, medicine and injections; however, there is a lack of documentation noting the efficacy of the conservative care. There is also a lack of documentation of the use of a TENS unit prior to the request for an H-wave unit. There was a lack of documentation indicating how often the unit was used. There was a lack of documentation of quantifiable objective functional improvement with the therapy. As such, the request for additional home H-wave device for 3 months did not meet the guidelines and is not medically necessary.