

<b>Case Number:</b>	CM14-0104896		
<b>Date Assigned:</b>	07/30/2014	<b>Date of Injury:</b>	06/04/2007
<b>Decision Date:</b>	09/30/2014	<b>UR Denial Date:</b>	07/03/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	07/08/2014

### 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 Physical Medicine & Rehabilitation, has a subspecialty in Pain Medicine and is licensed to practice in Texas and Oklahoma. 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 57-year-old male who reported an injury on 06/04/2007. The mechanism of injury was from repetitive motion. The diagnoses included subacromial impingement. The previous treatments included medication, physical therapy, H wave unit, TENS unit. The diagnostic testing included an MRI. Within the clinical note dated 06/12/2014, it was reported the injured worker complained of pain. Upon the physical examination the provider noted the injured worker had increased function with range of motion. The provider indicated the injured worker had a decreased need for medication due to the use of the H wave. The provider requested a home H wave device for purchase. The Request for Authorization was submitted and dated on 06/12/2014.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Home H-wave device purchase:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM, Chronic Pain Treatment Guidelines H-wave stimulation (HWT) Page(s): 117-118. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG).

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

**Decision rationale:** The California MTUS Guidelines do not recommend the H wave unit 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. In a recent retrospective study suggesting effectiveness of the H wave device, the patients election criteria included a physician documented diagnosis of chronic soft tissue injury or neuropathic pain in the upper and lower extremity of the spine that was unresponsive to conservative therapy. The clinical documentation does not address any numbness or muscle weakness to suggest the injured worker is diagnosed with neuropathic pain. There is lack of documentation indicating the length of treatment the injured worker utilized the H wave for. There is lack of documentation indicating the efficacy of the TENS unit. Therefore, the request is not medically necessary.