

<b>Case Number:</b>	CM14-0136487		
<b>Date Assigned:</b>	09/03/2014	<b>Date of Injury:</b>	03/22/2012
<b>Decision Date:</b>	10/02/2014	<b>UR Denial Date:</b>	07/24/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	08/25/2014

### 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 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:

This 63 year old patient had a date of injury on 3/22/2012. The mechanism of injury was not noted. In a progress noted dated 6/30/2014, subjective findings included complaints of pain, impaired activities of daily living. On a physical exam dated 6/30/2014, objective findings included greater overall functional living due to use of H-wave device. Patient is able to walk further, sit longer, moving. Treatment was given to use 2 times/day for 30-40 minutes per treatment as needed. Diagnostic impression shows chronic pain, gastritis, insomnia due to pain. Treatment to date: medication therapy, behavioral modification. A UR decision denied the request for home H-wave purchase, indefinite use. The date as well as the rationale for the denial could not be located in the reports viewed.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Home H-wave, purchase indefinite use:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not cite any medical evidence for its decision.

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

**Decision rationale:** CA MTUS states that a one-month home-based trial of H-wave stimulation may be indicated with chronic soft tissue inflammation and when H-wave therapy will be used as an adjunct to a method of functional restoration, and only following failure of initial conservative care, including recommended physical therapy and medications, plus transcutaneous electrical nerve stimulation (TENS). It was noted that this patient has been using H-wave stimulation unit since at least 2/17/2014. Although there was functional benefit noted from H-wave on a 6/30/2014 progress report, there was no evidence of exhaustion of conservative care, such as physical therapy and a TENS unit. The purchase of an H-wave Unit cannot be substantiated without documentation of these findings. Therefore, the request for H-wave unit purchase indefinite use is not medically necessary.