

<b>Case Number:</b>	CM14-0138535		
<b>Date Assigned:</b>	09/05/2014	<b>Date of Injury:</b>	02/13/2011
<b>Decision Date:</b>	10/02/2014	<b>UR Denial Date:</b>	08/05/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	08/27/2014

### 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, 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 is a 37-year-old female with a date of injury of 2/13/11. Mechanism of injury is not discussed. She has a diagnosis of bilateral shoulder joint pain. The patient has persistent symptoms despite PT and medications, but has not had a home trial of TENS. She has tried TENS in PT, with report of inadequate relief/benefit. A request for an H-Wave was made, and this was submitted to Utilization Review on 8/05/14. This was not recommended due to no current program of functional restoration and no prior home TENS trial.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**H - Wave stimulator purchase:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Chronic Pain Medical Treatment Guidelines; regarding H-Wave Stimul.

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

**Decision rationale:** Guidelines do not recommend the H-Wave as an isolated intervention, but do support a one-month home-based trial as an adjunct to a program of evidence-based functional restoration with failure of conservative care, including PT, medications and TENS. Guidelines define a TENS trial as a one-month period. This patient does have pain despite

medications and PT, however, a formal home TENS trial for one-month has not been done. Trying a TENS device in clinic does not constitute a formal TENS trial. Medical necessity of an H-Wave stimulator purchase is not established.