

<b>Case Number:</b>	CM14-0152476		
<b>Date Assigned:</b>	09/22/2014	<b>Date of Injury:</b>	09/12/2012
<b>Decision Date:</b>	12/15/2014	<b>UR Denial Date:</b>	09/12/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	09/18/2014

### 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 and Rehabilitation and is licensed to practice in Arizona and 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 45-year-old male who reported an injury on 09/12/2012 due to an unspecified mechanism of injury. The diagnoses included neck sprain/strain, left shoulder pain with decreased range of motion rule out internal derangement, and chronic lower back pain, possibly from chemical irritation from annular fistulas. Medications included Relafen, Norco, and omeprazole. The MRI of the left shoulder dated June 4th, of unknown year, revealed no definite rotator cuff or labral tearing. There is moderate AC osteoarthritis with some nonspecific joint effusion. Prior treatments included a topical analgesic with a cooling and heating effect. The diagnostics also included an EMG/NCS of the upper and lower extremities; however, the documentation was not available for review. The objective findings dated 06/02/2014 of the right shoulder revealed flexion at 170 degrees, extension at 35 degrees, and abduction at 160 degrees. The left shoulder revealed flexion of 70 degrees, extension 30 degrees, and abduction of 70 degrees with a loud audible cracking during range of motion of the left shoulder. The lumbar spine revealed range of motion at the waist with forward flexion between X2 degrees and 70 degrees, extension 10 degrees, and all bending to the right and left at 75% normal. The treatment plan included a purchase of a home H-wave device. The Request for Authorization was not submitted with documentation. The rationale for the H-wave device was not provided.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Purchase of Home H-Wave device:** Upheld

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

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

**Decision rationale:** The request for purchase of home h-wave device is not medically necessary. The California MTUS state that H-Wave stimulation is not recommended as an isolated intervention, but a 1 month home based trial of H-Wave stimulation may be considered as a noninvasive conservative option for diabetic neuropathic pain or soft tissue inflammation if used in conjunction with a program of evidence based functional restoration and only following failure of initially recommended conservative care, including recommended physical therapy and medication, plus transcutaneous electrical nerve stimulation. The clinical notes do not indicate that the injured worker had diabetic neuropathic pain. Per the guidelines any soft tissue inflammation, should be combined with conservative treatment failure. However, the documentation did not indicate that the injured worker had failed any conservative treatment, including physical therapy and medication. The clinical notes did not indicate that the injured worker had tried a TENS unit. Additionally, the documentation was not evident of a 1 month trial basis of an H-Wave Unit. As such, the request for purchase of a Home H-Wave Unit is not medically necessary.