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| <b>Case Number:</b>   | CM14-0162431 |                              |            |
| <b>Date Assigned:</b> | 11/12/2014   | <b>Date of Injury:</b>       | 07/10/2013 |
| <b>Decision Date:</b> | 12/16/2014   | <b>UR Denial Date:</b>       | 09/04/2014 |
| <b>Priority:</b>      | Standard     | <b>Application Received:</b> | 10/02/2014 |

### 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 is a 54-year-old male with a 7/10/13 date of injury. According to a progress report dated 8/6/14, the patient reported a decrease in the need for oral medication due to the use of the H-Wave device. He has been able to perform more activity and greater overall function due to the use of the H-Wave device. He reported a 50% reduction in pain and increased function and was able to "sleep better". He has been utilizing the home H-Wave 2 times per day, 7 days per week, less than 30 minutes per session. He has not sufficiently improved with conservative care. Objective findings: none noted. Diagnostic impression: shoulder/upper arm strain, cervical strain, tenosynovitis of hand and wrist. Treatment to date: medication management, activity modification, H-Wave unit. A UR decision dated 9/4/14 denied the request for an H-Wave homecare system for purchase. There was no mention of this device being used in conjunction with an exercise /rehabilitation /functional restoration program to be in accordance with the guideline criteria.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**H-Wave homecare system:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines H-Wave Stimulation (HWT) 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). However, in the present case, there was no documentation that H-Wave therapy will be used as an adjunct to a method of functional restoration. In addition, although it is noted that the patient has not improved significantly with conservative care, the specific treatment modalities he has tried was not noted. There is no documentation that the patient has had a trial and failure of a TENS unit. Therefore, the request for H-Wave homecare system was not medically necessary.