

<b>Case Number:</b>	CM14-0174657		
<b>Date Assigned:</b>	10/27/2014	<b>Date of Injury:</b>	06/13/2005
<b>Decision Date:</b>	12/03/2014	<b>UR Denial Date:</b>	09/30/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/21/2014

### 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 Preventive Medicine, has a subspecialty in Occupational Medicine and is licensed to practice in Texas. 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 64 year old female who was injured at work on 06/13/2005. The injured worker is reported to be complaining of worsening neck pain. The pain is 8/10 in severity, and radiates to both shoulders. In addition, she complains of pain in her knees, upper and lower back; shoulders, arms and hands. The physical examination revealed limitation in the range of motion of the neck. The worker has been diagnosed of Neck sprain/strain; bilateral C5 radiculopathy; Low back sprain/strain; rotator cuff tendinitis; bilateral wrist sprain/strain. Treatments have included shockwave therapy; cervical epidural steroid injections. At dispute is the request for H-Wave Unit purchase.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**H-Wave unit purchase:** 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.

**Decision rationale:** Disclaimer: The report was essentially taken from the Utilization review report. The injured worker sustained a work related injury on 06/13/2005. The medical records

provided indicate the diagnosis of Neck sprain/strain; bilateral C5 radiculopathy; Low back sprain/strain; rotator cuff tendinitis; bilateral wrist sprain/strain. Treatments have included shockwave therapy; cervical epidural steroid injections; and medications like Norco. The medical records provided for review do not indicate a medical necessity for H-Wave Unit purchase. The MTUS does not recommend H-wave stimulation (HWT) as an isolated intervention without combining it with evidence based functional restoration program, and after failed treatment with such other modalities like physical therapy, medications, transcutaneous electrical nerve stimulator (TENS) unit. When indicated, the MTUS recommends a one month trial before a decision is made to purchase the equipment. Therefore, since the treatment does not include functional restoration program, and evidence of one month successful trial of rented H-wave, the requested treatment is not medically necessary and appropriate.