

<b>Case Number:</b>	CM14-0178921		
<b>Date Assigned:</b>	11/03/2014	<b>Date of Injury:</b>	05/03/2007
<b>Decision Date:</b>	12/08/2014	<b>UR Denial Date:</b>	09/30/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/28/2014

### 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, has a subspecialty in Interventional Spine 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:

The patient is a 53 year old female with an injury date on 05/03/2007. Based on the 09/16/2014 progress report provided by [REDACTED], the diagnosis is: 1. Shoulder /joint pain According to this report, the patient complains of "ongoing pain, swelling and muscle spasms to injured area with loss of sleep and limited function and mobility." The treating physician states "30 day trial of H-wave shows beneficial result including a decreased in medication and increased function, mobility and range of motion." There were no other significant findings noted on this report. The utilization review denied the request on 09/30/2014. [REDACTED] is the requesting provider, and he provided treatment reports from 02/27/2014 to 09/16/2014

### IMR ISSUES, DECISIONS AND RATIONALES

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

**H-wave neurostimulator for home use:** Overturned

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

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

**Decision rationale:** According to the 09/16/2014 report by [REDACTED] this patient presents with ongoing pain, swelling and muscle spasms to the shoulder. The treater is requesting H-wave neurostimulator for home use. Regarding H wave units, MTUS guidelines page 117, 118 supports a one-month home-based trial of H-Wave treatment as a noninvasive conservative option for neuropathic pain or chronic soft tissue inflammation if used as an adjunct to a program of evidence-based functional restoration, and only following failure of initially recommended conservative care, including recommended physical therapy (i.e., exercise) and medications, plus (TENS). Review of reports indicate that the patient has tried noninvasive conservative care of physical therapy, medications, and TENS unit (June 2007-2014 on and off in therapy and in home) without objective improvement or meaningful subjective pain relief. Patient was provided a 30 trail of the H-wave on 08/14/2014 to help with pain management. The patient reports "that she is able to sleep better and her day to day activities are achievable with less pain; able to do more housework, walk further, lift more, sit longer, have more family interaction and stand longer." "On average, there has been a 70% decrease in pain levels lasting up to 3 hours after each treatment." In this case, reports show that the patient "has failed conservative treatment" and had functional benefit with the use of the H-wave; "70% decrease in pain levels." The request is to continue the use of H-wave and there does not appear to be any reason to stop using the unit. The request is not for supplies, replacement unit or a new unit. It is just to "continue" current H-wave usage. The request is medically necessary.