

<b>Case Number:</b>	CM14-0022379		
<b>Date Assigned:</b>	05/09/2014	<b>Date of Injury:</b>	07/24/2012
<b>Decision Date:</b>	07/10/2014	<b>UR Denial Date:</b>	02/10/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	02/21/2014

### 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 Orthopedic Surgeon 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 52-year-old female whose date of injury is 07/24/2012. On this date, boxes fell on her head and neck. Electromyogram/nerve conduction velocity (EMG/NCV) dated 04/17/13 is a normal study. Note dated 02/11/14 indicates that the purpose of H-wave is to reduce or eliminate inflammation and accelerate healing. The injured worker has stated that H-wave has helped. Progress report dated 04/17/14 indicates that on physical examination cervical forward flexion is normal. Bilateral rotation is normal with pain. She has no radiculopathy, but she has muscle spasms in the trapezius and in the midline at C7. Diagnosis is cervicgia with intermittent radiculopathy to left hand. Home H-Wave unit was requested and denied in the utilization review process.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**HOME H-WAVE UNIT PURCHASE:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines H-wave stimulation Page(s): 148.

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

**Decision rationale:** Based on the clinical information provided, the request for home H-wave unit purchase is not recommended as medically necessary. The submitted records indicate that the injured worker has undergone a trial of H-wave stimulation, which relieves some of the injured worker's neck pain; however, there are no objective measures of improvement provided to include reduced medication usage or increased functionality. Therefore, CA MTUS criteria are not met, and purchase of the unit is not medically necessary.