

<b>Case Number:</b>	CM14-0022879		
<b>Date Assigned:</b>	05/12/2014	<b>Date of Injury:</b>	02/14/2003
<b>Decision Date:</b>	07/10/2014	<b>UR Denial Date:</b>	02/13/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	02/24/2014

### 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 Neuromuscular Medicine and is licensed to practice in Maryland. 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 66 year old male with a date of work injury of 2/14/03. His diagnoses include 1. Degenerative cervical disc disease. 2. cervical radiculopathy 3. Left shoulder rotator cuff impingement syndrome, status post left shoulder arthroscopy. There is a request for the purchase of an H-wave unit. A 1/27/14 primary treating physician progress report states that the patient notes ongoing pain in his neck and left shoulder, but is fairly stable without any significant change. Repetitive motion does cause flare ups of pain in his neck and left shoulder requiring the use of anti inflammatories and occasional Hydrocodone. The examination of his cervical spine reveals a full range of motion. There is generalized tenderness and spasm. The examination of the left shoulder reveals mild impingement. There is slight weakness with rotation. The range of motion is about 80 percent in all directions. The patient is back at work on full duty without restrictions. There is a 2/20/14 document of an H-wave survey that was completed by an H-wave consultant stating the patient used the H-wave for 151 days. The survey states that the patient used a TENS unit, physical therapy, medications, electrical stimulation (other than TENS or H-WAVE), deep soft tissue massage. The survey states that the H-wave allowed for decreased medication use and allowed the patient to walk farther, lift more, sleep better, and has more family interaction.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**PURCHASE H-WAVE UNIT:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines H-WAVE UNIT.

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

**Decision rationale:** The guidelines states that the H-wave is not recommended as an isolated intervention, but a one-month home-based trial of H-wave stimulation may be considered as a noninvasive conservative option for 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 transcutaneous electrical nerve stimulation (TENS). The documentation does not indicate failure of conservative care. The patient is working full duty now without restriction on recent documentation but continues to take Vicodin and Ibuprofen if needed. He is participating in a home exercise program. There is no PR-2 documentation of discussion of the H-wave unit with the patient in regards to a treatment plan. Therefore, the request for purchase of an H-wave unit is not medically necessary.