

<b>Case Number:</b>	CM14-0023256		
<b>Date Assigned:</b>	05/14/2014	<b>Date of Injury:</b>	10/27/2010
<b>Decision Date:</b>	07/10/2014	<b>UR Denial Date:</b>	02/05/2014
<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 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:

The applicant is a represented [REDACTED] employee who has filed a claim for chronic pain syndrome, chronic elbow pain, chronic shoulder pain, and chronic upper arm pain reportedly associated with an industrial injury of October 27, 2010. Thus far, the claimant has been treated with the following: Analgesic medications; attorney representation; and earlier cubital tunnel release surgery. In a Utilization Review Report dated February 12, 2014, the claims administrator denied a request for purchase of an H-Wave home care system. A May 10, 2013 progress note was sparse, handwritten, not entirely legible, difficult to follow, notable for comments that the claimant was not working. An H-Wave device was endorsed on that date, through usage of preprinted checkboxes. It was stated that a TENS unit was not indicated here, again, through usage of preprinted checkboxes without any narrative rationale or commentary. The claimant was later given renewals of the H-Wave device at various points throughout 2013. In several vendor forms, including on January 15, 2014, the claimant and/or vendor stated that ongoing usage of the H-Wave device was beneficial and reportedly resulted in 30% pain relief. No clinical progress notes were attached. No work status reports were attached.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**PURCHASE OF H WAVE DEVICE:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines H-Wave Stimulation topic Page(s): 118.

**Decision rationale:** MTUS Chronic Pain Medical Treatment Guidelines purchase of and/or trial periods of the H-Wave device beyond the initial one-month trial should be based on the documentation submitted for review. In this case, however, the documentation submitted for review is sparse, difficult to follow, handwritten, not entirely legible, and comprised almost entirely of preprinted checkboxes with little or no narrative commentary. There is no evidence that the claimant has achieved or maintained successful return to work status as a result of usage of the H-Wave device. There is no concrete evidence that the claimant has improved performance of activities of daily living as a result of the H-Wave device. Therefore, the request for a purchase of H-Wave device is not medically necessary and appropriate.