

<b>Case Number:</b>	CM14-0025229		
<b>Date Assigned:</b>	06/11/2014	<b>Date of Injury:</b>	10/16/2013
<b>Decision Date:</b>	07/15/2014	<b>UR Denial Date:</b>	01/30/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	02/27/2014

### 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 & Rehabilitation, has a subspecialty in Pain Medicine and is licensed to practice in Minnesota. 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 55 year old male who reported an injury in October 2010 while lifting a 5 gallon bucket causing injury to his mid and lower back. Also an injury was reported on 10/16/2013 while standing on a milk crate sanding the hood of a car, the milk crate slipped and the sander pulled his right arm. Upon exam on 12/04/2013, the injured worker complained of right shoulder and lower back pain, and left knee pain and popping. The results of the MRI of left knee on 11/29/2013 showed sub-patella grinding and tenderness, right shoulder derangement, left knee chondromalacia patella and lumbar contusion. The results of his shoulder X-ray on 12/18/2013 showed no fracture of dislocation and mild hypertrophic degenerative changes of acromioclavicular joint. The claimant had an exam on 01/10/2014 with the same complaints and diagnoses. The recommended plan was to have home electrotherapy. The injured worker reported the use of the TENS unit after two sessions was of no benefit. The medication list or pain assessment was not provided. There is a lack of documentation of a home exercise program or conservative methods of treatment. The request for authorization was signed and dated 01/17/2014. The rationale was not provided.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**H-WAVE DEVICE, 1 MONTH HOME USE EVALUATION, 1-2 TIMES DAILY FOR 30-60 MINUTES EACH SESSION OR AS NEEDED: Upheld**

**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 Page(s): 117-118.

**Decision rationale:** The California MTUS guidelines do not recommend the H-wave device as an isolated treatment for chronic soft tissue inflammation unless used as an adjunct to a program of evidence-based functional restoration, and only following failure of initially recommended conservative care, including physical therapy, medications and a transcutaneous electrical nerve stimulation (TENS). In this case, there was a lack of documentation of any physical therapy, exercises and any pain assessments. There was no medication list provided. The documentation only mentioned that there was no benefit of using the TENS unit only twice. Therefore, the request for the H-wave device is not medically necessary and appropriate.