

<b>Case Number:</b>	CM14-0036208		
<b>Date Assigned:</b>	06/25/2014	<b>Date of Injury:</b>	12/04/2006
<b>Decision Date:</b>	07/25/2014	<b>UR Denial Date:</b>	03/10/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	03/25/2014

### HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to a Physician Reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The Physician Reviewer is Board Certified in Physical Medicine & Rehabilitation, has a subspecialty in Pain Management, 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 Physician 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:

This is a patient with a date of injury of 12/4/06. A utilization review determination dated 3/10/14 recommends non-certification of H-Wave device purchase. A 2/26/14 "progress report addendum" identifies pain and impaired ADLs along with subjective improvement based on a survey taken by H-Wave. An 11/20/13 "progress report addendum" notes that care that has already been tried includes "clinical or home use of TENS. TENS is not indicated for patient's complaints/goals."

### IMR ISSUES, DECISIONS AND RATIONALES

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

#### **H-WAVE DEVICE PURCHASE FOR THE LEFT SHOULDER:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not cite any medical evidence for its decision.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines 8 C.C.R. 9792.20 - 9792.26 MTUS (Effective July 18, 2009) Page 114, 117-118 of 127 Page(s): 114, 117-118 of 127.

**Decision rationale:** Regarding the request for H-wave purchase, Chronic Pain Medical Treatment Guidelines indicate that H-wave stimulation 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 diabetic 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 and medications plus transcutaneous electrical nerve stimulation. Within the documentation available for review, a note states that care that has already been tried includes "clinical or home use of TENS/TENS is not indicated for patient's complaints/goals." However, no additional details are provided with regard to either completion of a one month TENS trial as recommended by the California MTUS (with documentation of how often the unit was used, outcomes in terms of pain relief and function, and other ongoing pain treatment during the trial period including medication usage) or a statement identifying why TENS is not indicated for this injured worker. In the absence of clarity regarding these issues, the currently requested H-wave purchase is not medically necessary.