

<b>Case Number:</b>	CM14-0042436		
<b>Date Assigned:</b>	06/30/2014	<b>Date of Injury:</b>	03/05/2009
<b>Decision Date:</b>	08/21/2014	<b>UR Denial Date:</b>	03/14/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	04/09/2014

### 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 Anesthesiology, has a subspecialty in Pain Management and is licensed to practice in Tennessee. 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:

This is a 44-year-old male with a 3/5/2009 date of injury. A handwritten medical document, date not noted indicated that subjectively, there was a syncopal episode on the date of injury. Patient complained of bilateral shoulder pain. Objective exams demonstrated positive Hawkins test to left shoulder. Tenderness to palpation to bilateral shoulders was also noted. Diagnostic Impression is Lumbar Radiculopathy, Bilateral Shoulder Internal Derangement, Chronic anxiety and depression. A UR decision dated 3/14/14 denied the request for home H Wave device purchase for low back, noting that the described medical situation does not support an expectation that the requested piece of durable medical equipment would be expected to enhance long-term functional capabilities or that it will be used as an adjunct to a program of evidence-based functional restoration as CA MTUS recommends.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Home Hwave Device Purchase For Low Back:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines. Decision based on Non-MTUS Citation Official Disability Guidelines.

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

**Decision rationale:** CA MTUS states that a one-month home-based trial of H-wave stimulation may be indicated with chronic soft tissue inflammation and when H-wave therapy will be used as an adjunct to a method of functional restoration, and only following failure of initial conservative care, including recommended physical therapy and medications, plus transcutaneous electrical nerve stimulation (TENS). Although patient tested positive for hydromorphone and hydrocodone on a urine drug test dated 10/22/13, there is no documentation supporting physical therapy and/or transcutaneous electrical nerve stimulation (TENS). Patient had a 48-day trial of H-Wave Stimulation that was initiated on 1/28/14. An H-Wave patient compliance and outcome report on 3/11/14 indicated a 15 percent improvement after 42 days of use. Although it is noted there was improvement with therapy there is no documentation of failure of physical therapy plus transcutaneous electrical nerve stimulation (TENS) as stated by the guidelines. Therefore, the request for purchase of a home H-Wave Device was not medically necessary.