

<b>Case Number:</b>	CM14-0064638		
<b>Date Assigned:</b>	07/11/2014	<b>Date of Injury:</b>	01/12/2008
<b>Decision Date:</b>	09/08/2014	<b>UR Denial Date:</b>	04/02/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	05/07/2014

### 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 Family Medicine, and is licensed to practice in Arizona. 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:

Patient is a 42 year old male with a date of injury on 1/12/2008. Diagnoses include adhesive capsulitis of the shoulder, cervicalgia, right shoulder pain, and neck pain. Subjective complaints are of pain and paresthesias that radiate from the neck to the shoulder and arm. Physical exam shows slight restriction in cervical range of motion with intact neurological exam. Cervical MRI from 7/2013 revealed disc degeneration at C3-4 and C4-5 with foraminal narrowing. Submitted documentation indicates that the patient had previously tried physical therapy, medications, and a trial of transcutaneous electrical nerve stimulation (TENS) unit.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Durable Medical Equipment H-WAVE Homecare Unit for one month (30-DAY) Rental**  
**QUANTITY: 1:** Overturned

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines H-Wave Stimulation ( transcutaneous) electrical nerve stimulation.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines H-WAVE, PAGE 117 Page(s): PAGE 117.

**Decision rationale:** CA MTUS does not recommend H-wave therapy 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. H-wave should be used only following failure of initially recommended conservative care, including recommended physical therapy and medications, plus transcutaneous electrical nerve stimulation (TENS). For this patient, there is evidence of a prior trial of TENS and conservative therapy. Therefore, the request for an H-Wave one month trial is consistent with guideline criteria, and the medical necessity is established.