

<b>Case Number:</b>	CM14-0066392		
<b>Date Assigned:</b>	07/11/2014	<b>Date of Injury:</b>	08/09/2012
<b>Decision Date:</b>	09/17/2014	<b>UR Denial Date:</b>	05/05/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	05/09/2014

### 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 Physical Medicine and Rehabilitation and is licensed to practice in Nevada. 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 records presented for review indicate that this 51 year-old female was reportedly injured on 8/9/2012. The mechanism of injury is not listed in these records reviewed. The most recent progress note dated 4/14/2014, indicates that there are ongoing complaints of neck and shoulder pain. Physical examination demonstrated tenderness to cervical paraspinal and right rhomboid/trapezius muscles; 5/5 upper extremity strength; deep tendon reflexes (DTRs) 2+ symmetrical; negative Spurling's sign; sensation reduced diffusely in right upper extremity (RUE); no clonus or increased tone; negative Hoffman's sign; pain with cervical flexion, extension and rotation (90% range of motion ROM); dextroscoliosis; and normal heel toe walking. EMG/NCV studies dated 4/22/2014 were normal. No recent diagnostic imaging studies available for review. Previous treatment includes physical therapy, ultrasound, and Ibuprofen. A request had been made for 30 day trial use of H-wave system and was not certified in the utilization review on 5/5/2014.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**30 Day trial use of H-wave system:** 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 Page(s): 117-118.

**Decision rationale:** MTUS guidelines will support a one-month HWT (H-Wave Stimulation) for diabetic neuropathic pain and chronic soft tissue inflammation if used as an adjunct to a program of evidence-based functional restoration, and only following a failure of conservative treatment, physical therapy, medications and transcutaneous electrical nerve stimulation (TENS). Review of the available medical records fails to document the criteria required for a one-month trial of H-Wave Stimulation. As such, this request is not considered medically necessary.