

<b>Case Number:</b>	CM14-0075465		
<b>Date Assigned:</b>	07/16/2014	<b>Date of Injury:</b>	03/10/2013
<b>Decision Date:</b>	08/22/2014	<b>UR Denial Date:</b>	05/05/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	05/23/2014

### 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 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 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 45-year-old male who reported an injury on 03/10/2013 due to an unknown mechanism of injury. The injured worker reportedly sustained an injury to his right shoulder. The injured worker was evaluated on 02/05/2014. It was noted that the injured worker underwent a trial of a TENS unit that failed to resolve the injured worker's pain. The injured worker's treatment history included physical therapy, medications, and a home trial of a TENS unit. A 30 day trial of an H-wave unit was requested. The injured worker was evaluated on 05/06/2014. It was documented that, after the trial, the injured worker was able to report an increased ability to function and an increase in sleep. A request was made for the purchase of an H-wave unit.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Home H-wave device purchase:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines H-Wave Therapy, page(s) 118 Page(s): 118.

**Decision rationale:** The requested Home H-wave device purchase is not medically necessary or appropriate. The California Medical Treatment Utilization Schedule recommends that the purchase of an H-wave unit be supported by a 30 day clinical trial producing objective functional benefits, reduction in pain, and reduction in medications. The clinical documentation submitted for review did not adequately address a quantitative reduction in pain levels, increased function, or reduced medication usage. Therefore, purchase of a home H-wave unit would not be indicated in this clinical situation. As such, the requested Home H-wave device purchase is not medically necessary or appropriate.