

<b>Case Number:</b>	CM13-0004253		
<b>Date Assigned:</b>	12/27/2013	<b>Date of Injury:</b>	10/30/2012
<b>Decision Date:</b>	12/10/2015	<b>UR Denial Date:</b>	07/15/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	07/29/2013

### 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. 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/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:

State(s) of Licensure: Illinois

Certification(s)/Specialty: Physical Medicine & Rehabilitation

### 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 patient is a 29-year-old male who reported an injury on 10/30/2012. The mechanism of injury was not provided within the medical records. The only clinical note provided for review was dated 07/01/2013 and noted that the patient complained of pain, exhibited impaired range of motion, and his activities of daily living were also impaired; there were no quantitative values attached to any of these findings. At this time, the patient was prescribed a trial of the H-wave system. There was no other information submitted for review.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Home use of H-Wave Unit, for right shoulder, #1 month:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Medical Treatment Guidelines, Transcutaneous Electrotherapy, page(s): 117-118.

**Decision rationale:** The California MTUS/ACOEM Guidelines recommend H-wave stimulation as a 1 month home based trial in conjunction with a therapy program. The clinical information

submitted for review did not provide evidence that there was an adjunctive therapy program to be performed in concert with this therapy; therefore, guideline requirements have not been met. As such, the request for 1 month home use of H-wave unit for the right shoulder is non-certified.