

<b>Case Number:</b>	CM14-0111126		
<b>Date Assigned:</b>	09/16/2014	<b>Date of Injury:</b>	01/28/2013
<b>Decision Date:</b>	02/09/2015	<b>UR Denial Date:</b>	06/26/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	07/16/2014

### 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 Internal Medicine, has a subspecialty in Geriatrics Medicine and is licensed to practice in New York. 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 63 year old woman with a date of injury of 1/28/13. She was seen by her primary treating physician on 6/12/14 with complaints of pain and impaired activities of daily living. However, she reported reduction in oral pain meds, sleeping better and improved function with the use of the H-wave device which she had been using since 11/13. She was completing two treatments per day of 30-45 minutes. She failed physical therapy and TENS unit. Her diagnoses were speech disturbance, fracture upper end humerus with aftercare surgery, concussion, carpal tunnel syndrome, memory loss, fracture radius and adhesive capsulitis - shoulder. At issue in this review is the purchase of a home H-Wave device.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**DME Home H-Wave Device (Purchase):** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 118-119.

**Decision rationale:** Per the guidelines, H-wave stimulation is an isolated intervention, but a one-month home-based trial 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, and only following failure of initially recommended conservative care, including recommended physical therapy (i.e., exercise) and medications, plus transcutaneous electrical nerve stimulation (TENS). The records do substantiate that this injured worker has failed other conventional therapy such as physical therapy and TENS however she has already completed a one month trial. It is not documented that this is an adjunct to a functional restoration program or that she diabetic neuropathic pain or chronic soft tissue inflammation. The medical necessity of a home H-wave system device is not substantiated in the records.