

<b>Case Number:</b>	CM14-0127487		
<b>Date Assigned:</b>	08/15/2014	<b>Date of Injury:</b>	05/10/2013
<b>Decision Date:</b>	04/21/2015	<b>UR Denial Date:</b>	07/18/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	08/11/2014

### 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. 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: Ohio, West Virginia

Certification(s)/Specialty: Preventive Medicine, Occupational Medicine, Medical Toxicology

### 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 47 year old female, who sustained an industrial injury on May 10, 2013. She reported left shoulder pain, neck and low back pain. The injured worker was diagnosed as having upper extremity swelling, cervical sprain/CADS injury, tenosynovitis of the shoulder and thoracic sprain/strain. Treatment to date has included radiographic imaging, diagnostic studies, conservative therapies, medications and work restrictions. Currently, the injured worker complains of continued neck and low back pain. She reported an improvement in left shoulder pain with therapy. The injured worker reported an industrial injury in 2013, resulting in the above noted pain. She was treated conservatively without resolution of the pain. Evaluation on April 14, 2014, revealed continued pain. The plan included consultations, stress management and additional therapies. Evaluation on May 2, 2014, revealed continued complaints of low back pain radiating down the left leg with associated numbness. The plan included a home h-wave device to treat the chronic pain.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Home H-wave device, (Left shoulder): Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Transcutaneous electrotherapy, H-wave stimulation (HWT) Page(s): 114-121.

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

**Decision rationale:** Per MTUS Chronic Pain Medical Treatment Guidelines, "H-wave stimulation (HWT) is not recommended 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, and only following failure of initially recommended conservative care, including recommended physical therapy and medications, plus transcutaneous electrical nerve stimulation (TENS). The one-month HWT trial may be appropriate to permit the physician and provider licensed to provide physical therapy to study the effects and benefits, and it should be documented (as an adjunct to ongoing treatment modalities within a functional restoration approach) as to how often the unit was used, as well as outcomes in terms of pain relief and function. Rental would be preferred over purchase during this trial. Trial periods of more than one month should be justified by documentation submitted for review". Medical records cite patient reported subjective improvement of pain rating. The treating physician does not actually confirm whether functional objective findings have improved, or if there was decrease in medication usage. Additionally, the available medical records note briefly that TENS unit therapy was prescribed but there is no documentation of treatment failure, which is the MTUS indication for H-Wave therapy. As such the request for an H-Wave unit is deemed not medically necessary.