

<b>Case Number:</b>	CM14-0188881		
<b>Date Assigned:</b>	11/19/2014	<b>Date of Injury:</b>	08/25/2011
<b>Decision Date:</b>	01/08/2015	<b>UR Denial Date:</b>	10/27/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	11/12/2014

### 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 Neurology, has a subspecialty in Neuromuscular Medicine and is licensed to practice in New Jersey. 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:

This is a 48 year old female who sustained a work related injury on August 25, 2011 while working as an office worker. She complained of pain in the neck, shoulders, arms and hands due to repetitive work. A physician's report dated August 27, 2013 notes that the injured worker had intermittent neck pain with radiation to the shoulders, which was worse with neck movement. Pain medication was prescribed for pain management. Initial treatments included pain management, electrodiagnostic testing, acupuncture treatments and shock wave treatments to the shoulders. An electrodiagnostic study of the upper extremities dated October 20, 2012 revealed no significant abnormalities. Current documentation dated October 3, 2014 reveals that the injured worker had complained of a recent increase in neck pain with numbness to the right arm. Physical examination revealed paraspinal tenderness with right-sided spasms and decreased sensation in the right upper extremity at cervical six and cervical six dermatomes. Diagnoses included cervical spine sprain/strain, bilateral shoulder impingement; right upper extremity radiculitis, acromioclavicular joint degenerative joint disease and left shoulder calcific tendinitis. She had been receiving physical therapy treatment. However, no physical therapy documentation was submitted for review. The documentation supports the injured worker also had Cortisone Injections to the shoulders performed. Work status was temporarily totally disabled. On October 15, 2014 the treating physician requested an H-Wave Unit and supplies. Utilization Review evaluated and denied the request on October 27, 2014 due to MTUS Guidelines, which state that only after failure of conservative treatments including physical therapy, pain medication and an initial trial of a transcutaneous electrical nerve stimulation unit is an H-wave Unit recommended. There was no clear documentation of a prior trial of a transcutaneous electrical nerve stimulation unit or the outcomes. Therefore, the H-wave Unit and supplies is not medically necessary.

## IMR ISSUES, DECISIONS AND RATIONALES

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

**H-Wave Device:** 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 H wave stimulation Page(s): 117.

**Decision rationale:** According to MTUS guidelines, H wave stimulation is not recommended in isolation. It could be used in diabetic neuropathy and neuropathic pain and soft tissue pain after failure of conservative therapies. There is no controlled supporting its use in radicular pain and focal limb pain. There is no documentation that the request of H wave device is prescribed with other pain management strategies in this case. Furthermore, there is no clear evidence for the need of H wave therapy. There is no documentation of patient tried and failed conservative therapies. There is no documentation of failure of first line therapy and conservative therapies including pain medications and physical therapy. Therefore an H-Wave Device is not medically necessary.