

<b>Case Number:</b>	CM14-0207142		
<b>Date Assigned:</b>	12/19/2014	<b>Date of Injury:</b>	10/11/2001
<b>Decision Date:</b>	02/10/2015	<b>UR Denial Date:</b>	11/26/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	12/10/2014

### 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 Family Practice, 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:

This is a 45 yr. old female claimant sustained a work injury on October 11, 2000 involving the shoulders and neck. She was diagnosed with cervicalgia, rotator cuff strain and bicipital tendinitis. Progress note on November 20, 2014 indicated that claimant had persistent neck and bilateral arm pain. Analgesics reduced her pain from 10 to 2. Exam findings were notable for trapezial pain and reduced cervical extension and flexion . The physician requested a one month rental of an H wave unit along with continuing the claimant' s Vicodin.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**H-Wave machine x 1 month rental:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines H-Wave Stimulation.

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

**Decision rationale:** According to the guidelines an H-wave unit is not recommended but a one month trial may be considered for diabetic neuropathic pain and chronic soft tissue inflammation if used with a functional restoration program including therapy, medications and a TENS unit. There is no evidence that H-Wave is more effective as an initial treatment when compared to

TENS for analgesic effects. In fact, H-wave is used more often for muscle spasm and acute pain as opposed to neuropathy or radicular pain. This case the claimant did not have a diagnoses or interventions noted above. Therefore the request for a one month rental of an H-wave unit is not medically necessary.