

<b>Case Number:</b>	CM15-0101226		
<b>Date Assigned:</b>	06/03/2015	<b>Date of Injury:</b>	03/03/2001
<b>Decision Date:</b>	07/07/2015	<b>UR Denial Date:</b>	05/21/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	05/26/2015

### 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: Maryland

Certification(s)/Specialty: Internal Medicine, Rheumatology

### 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 60-year-old male, who sustained an industrial injury on 3/3/2001. The mechanism of injury is unknown. The injured worker was diagnosed as having right knee internal derangement, right shoulder internal derangement, chronic left hip pain, left shoulder sprain/strain and chronic low back pain. There is no record of a recent diagnostic study. Treatment to date has included H wave use and medication management. In a progress note dated 5/5/2015, the injured worker complains of continued bilateral hip pain, knee pain, neck/back, shoulder and right foot pain. He reported that the medications and H wave help relieve the pain. Physical examination showed bilateral knee crepitus. The treating physician is requesting H wave stimulator unit, replacement supplies.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**H-Wave Stimulator unit, replacement supplies:** Upheld

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

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

**Decision rationale:** This 60 year old male has complained of neck pain, bilateral shoulder pain and low back pain since date of injury 3/3/01. He has been treated with physical therapy, H wave use and medications. The current request is for H-wave stimulator unit, replacement supplies. Per the MTUS guidelines cited above, H wave stimulation 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 (i.e., exercise) and medications, plus transcutaneous electrical nerve stimulation (TENS). The available medical records do not contain documentation of the patient's response to H wave stimulation received thus far including pain reduction and any functional improvement with the use of the H wave device. Based on the available medical records and per the MTUS guidelines cited above, H wave stimulator unit, replacement supplies is not medically necessary.