

<b>Case Number:</b>	CM15-0164969		
<b>Date Assigned:</b>	09/02/2015	<b>Date of Injury:</b>	01/17/2015
<b>Decision Date:</b>	10/23/2015	<b>UR Denial Date:</b>	07/28/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	08/21/2015

### 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: Hawaii, California, Iowa

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

### 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 50-year-old female who has reported left arm symptoms after falling on 1-17-2015. The diagnoses include left arm pain and complex regional pain syndrome of the left upper extremity. Treatment has included medications, physical therapy, and bracing. The injured worker is seeing a pain management physician and an orthopedic surgeon. Physician reports during 2015 reflect ongoing severe pain, "temporarily totally disabled" work status, and no discussion of trials or results of H-Wave therapy or TENS therapy. The physical therapy reports mention the use of H-Wave therapy along with other physical therapy modalities. The physical therapy treatment reports refer to interferential stimulation rather than H-Wave therapy. The physical therapy reports are not sufficiently detailed to allow any determination of the effect of using any form of electrical stimulation. A pain management physician report of 6/16/15 lists 9/10 pain that is unchanged since injury. There was no mention of any prior H-Wave therapy or a TENS unit. A vendor form labeled as a PR-2 dated 7-16-2015, notes use of home H-Wave therapy from May to July 2015. The form states that TENS had been used previously. The H-Wave therapy relieved pain for 10 minutes. There was no work status or specific description of function. Recommendations include purchase of an H-wave device and system. A 7/16/15 Request for Authorization was for purchase and indefinite use of a home H-Wave therapy device. A 7/22/15 PR2 from the surgeon notes very limited range of motion and hypersensitivity. Function was poor. There was no mention of H-Wave therapy. On 7/28/15 Utilization Review non-certified an H-Wave therapy purchase, citing the MTUS and lack of benefit from prior use of the H-Wave therapy.

## IMR ISSUES, DECISIONS AND RATIONALES

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

**Home H-wave device purchase, left shoulder, left arm:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Transcutaneous electrotherapy.

**Decision rationale:** The MTUS provides a limited recommendation for H-Wave therapy. The available medical reports do not show that diabetic neuropathy is the condition treated, that there is a focus of "soft tissue inflammation", or that there has been a sufficient course of conservative care prior to recommending H-Wave therapy. Areas of focal or regional pain are not equivalent to, or diagnostic of, "soft tissue inflammation". None of the treating physician reports discusses H-Wave therapy. There is no record of a TENS trial in accordance with the MTUS recommendations. No recent treating physician reports discuss the specific response to an H- Wave therapy trial or describe a current program of "evidence-based functional restoration". There is no evidence of functional improvement from any treatment to date. H-Wave therapy is not medically necessary based on the MTUS.