

<b>Case Number:</b>	CM15-0209728		
<b>Date Assigned:</b>	10/28/2015	<b>Date of Injury:</b>	01/13/2006
<b>Decision Date:</b>	12/16/2015	<b>UR Denial Date:</b>	09/28/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/26/2015

### 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: Texas, New York, California  
 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:

The applicant is a represented 66-year-old who has filed a claim for chronic neck and wrist pain reportedly associated with an industrial injury of January 13, 2006. In a Utilization Review report dated September 28, 2015, the claims administrator failed to approve a request for a home H- Wave device purchase. The claims administrator referenced a September 16, 2015 RFA form in its determination. The applicant's attorney subsequently appealed. On said September 16, 2015 RFA form, the device vendor and/or attending provider sought authorization for an H-Wave device, seemingly without attaching complete progress notes. The note was highly templated and comprised, in large part, of standard language and pre-printed checkboxes, with little-to-no discussion of the applicant's response to previous usage of the same or the applicant's work status. On an August 23, 2015 applicant questionnaire, the applicant seemingly stated that previous usage of a TENS unit in the clinic setting, physical therapy, and medications had all proven ineffective. The applicant seemingly acknowledged, however, that the previous TENS unit usage had been confined to the in-clinic setting. On an applicant questionnaire dated September 8, 2015, the applicant contended that the H-Wave device had proven beneficial. Once again, completed progress notes were not attached. The applicant's medication list was not discussed or detailed. An earlier note dated April 27, 2015 was notable for commentary to the effect that the applicant had 6-8/10 neck and shoulder pain complaints. The applicant was described as "retired," the treating provider reported. A shoulder corticosteroid injection was sought. The applicant's medications included Prilosec, tramadol, naproxen, and a topical compounded agent. On July 14, 2015, the applicant reported 8/10 shoulder pain complaints. The applicant was using Prilosec, tramadol, naproxen, and the topical compounded agent in question, the treating provider reported.

## 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 for right shoulder:** Upheld

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

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

**Decision rationale:** The request for an H-Wave device purchase was not medically necessary, medically appropriate, or indicated here. As noted on page 118 of the MTUS Chronic Pain Medical Treatment Guidelines, usage of an H-Wave device beyond an initial 1-month trial should be justified by documentation submitted for review, with evidence of favorable outcomes present in terms of both pain relief and function. Here, however, the attending provider's highly templated September 16, 2015 RFA form failed to outline a clear or compelling evidence of functional improvement with previous usage of the H-Wave device. No completed progress notes were attached to the encounter. Historical progress note suggested that the applicant had retired. There was no evidence of the H-Wave device in question facilitating the applicant's return to work. There was no evidence that the H-Wave device in question had diminished the applicant's work restrictions and/or diminished the applicant's consumption of analgesic medications such as naproxen, tramadol, and/or topical compounded medications, which the applicant was apparently using. All of the foregoing, taken together, suggested a lack of functional improvement as defined in MTUS 9792.20e, despite previous usage of the H-Wave device in question. Therefore, the request was not medically necessary.