

<b>Case Number:</b>	CM15-0215356		
<b>Date Assigned:</b>	11/05/2015	<b>Date of Injury:</b>	01/13/2015
<b>Decision Date:</b>	12/18/2015	<b>UR Denial Date:</b>	09/28/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	11/02/2015

### 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: 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 injured worker was a 56 year old female, who sustained an industrial injury, January 13, 2015. The injured worker was undergoing treatment for cervical and lumbar strain, left shoulder impingement, rotator cuff tear, patellofemoral complaints of the left knee and left hip complaints. According to progress note of August 4, 2015, the injured worker's chief complaint was neck and back pain. The injured worker reported a decrease in the need for oral medications due to the use of the H-wave device. The injured worker was able to perform more activity and greater overall function due to the use of the h-wave device. The injured worker reported an 80% decrease in pain with the H-wave unit. The injured worker reported being able to walk further, sit longer, sleep better, stand longer and have more family interaction. The injured worker previously received the following treatments acupuncture, H-wave tail on June 15, 2015 to July 14, 2015 with 80% improvement in pain. The injured worker was using 4 times daily for 45 minutes. The RFA (request for authorization) dated August 4, 2015 the following treatments were requested a home H-wave device for indefinite use at home. The UR (utilization review board) denied certification on September 28, 2015; for the home H-wave device for indefinite use.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Home H-Wave Device for indefinite use, QTY: 1: 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): Electrical stimulators (E-stim).

**Decision rationale:** The MTUS Guidelines do not recommend the use of H-wave stimulation as an isolated intervention. A one-month home-based trial of H-wave stimulation may be considered as a noninvasive conservative option for 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 physical therapy and medications, plus transcutaneous electrical nerve stimulation. In this case, there is no documentation of a failure with other, more conservative measures of conservative treatments such as transcutaneous electrical nerve stimulation and medications. The request for Home H-Wave device for indefinite use, QTY: 1 is not medically necessary.