

<b>Case Number:</b>	CM15-0030104		
<b>Date Assigned:</b>	03/26/2015	<b>Date of Injury:</b>	06/30/2010
<b>Decision Date:</b>	05/01/2015	<b>UR Denial Date:</b>	02/10/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	02/18/2015

### 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: Massachusetts

Certification(s)/Specialty: Physical Medicine & Rehabilitation, Pain Management

### 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 43 year old female, who sustained an industrial injury on 06/30/2010. She has reported injury to the right shoulder. The diagnoses have included sprain and strain shoulder and upper arm; and cervical spine spondylosis without myelopathy. Treatment to date has included medications, TENS (transcutaneous electrical nerve stimulation) unit, and physical therapy. Medications have included Norflex, Gabapentin, Anaprox, and Omeprazole. A progress note from the treating physician, dated 01/07/2015, documented a follow-up visit with the injured worker. Currently, the injured worker complains of right shoulder pain and hand pain; decreased pain and positive results from H-wave treatment; and responding well to physical therapy. Objective findings included shoulder changes consistent with impingement noted and labrum abnormality. The treatment plan has included continue with physical therapy, TheraEx program, pain management and mobility training. Request is being made for Purchase of H-wave Home Device.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Purchase of H-Wave Home Device:** Overturned

**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 stimulation (HWT) Page(s): 117.

**Decision rationale:** The claimant is nearly 5 years status post work-related injury and continues to be treated for chronic neck and upper extremity pain. A trial of home based H-wave use is documented as decreasing pain by 95% with decreased need for oral medications and improved function. Although H-wave stimulation is not recommended as an isolated intervention, a one month home-based trial of may be considered as a noninvasive conservative option for the treatment of chronic pain. H-wave stimulation is a form of electrical stimulation that differs from other forms of electrical stimulation, such as transcutaneous electrical nerve stimulation (TENS), in terms of its waveform. During the trial, it should be documented as to how often the unit was used, as well as outcomes in terms of pain relief and function. In this case, the claimant has had a trial of H-wave use with reported decreased pain and medication use and with improved sleep. Therefore, the requested H-wave unit is medically necessary.