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| <b>Case Number:</b>   | CM15-0044486 |                              |            |
| <b>Date Assigned:</b> | 03/16/2015   | <b>Date of Injury:</b>       | 02/10/2012 |
| <b>Decision Date:</b> | 04/22/2015   | <b>UR Denial Date:</b>       | 02/13/2015 |
| <b>Priority:</b>      | Standard     | <b>Application Received:</b> | 03/09/2015 |

### 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 59-year-old [REDACTED] beneficiary who has filed a claim for chronic pain syndrome reportedly associated with an industrial injury of February 10, 2012. In a Utilization Review Report dated February 13, 2015, the claims administrator denied a home H-wave device. A November 6, 2014 progress note and an associated RFA form were referenced in the determination. The applicant's attorney subsequently appealed. In a November 6, 2014 questionnaire, the applicant, the treating therapist, and the device vendor suggested that the applicant had benefited from previous usage of an H-wave device and sought authorization for purchase of the same. Pre-printed check boxes were employed. Little to no narrative commentary was attached vis-a-vis the applicant's work and functional status. In a December 2, 2014 progress note, the applicant reported ongoing complaints of hand and wrist pain. A rather proscriptive 10-pound lifting limitation was endorsed. It does not appear that the applicant was working with said limitations in place. On January 6, 2015, the attending provider stated that he would continue the applicant's work restrictions, unchanged from previous visit. Once again, it was not explicitly stated whether the applicant was or was not working, although this did not appear to be the case. In a separate note dated January 7, 2015, the applicant's pain management physician placed the applicant off of work, on total temporary disability. On progress notes of December 3, 2014 and January 20, 2015, the applicant's pain management physician again placed the applicant off of work, on total temporary disability. A topical compound ketoprofen-containing cream was endorsed.

## 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:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines transcutaneous electrotherapy Page(s): 117-118.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines H-wave stimulation (HWT) Page(s): 118.

**Decision rationale:** 1. No, 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 one-month trial should be justified by documentation submitted for review, with evidence of a favorable outcome in terms of both pain relief and function. Here, however, the applicant was off of work, on total temporary disability, despite ongoing usage of the H-wave device. Ongoing usage of the H-wave device did not ameliorate the applicant's work status. The applicant continued to remain dependent on a topical compounded ketoprofen-containing cream. All of the foregoing, taken together, suggested a lack of functional improvement as defined in MTUS 9792.20 f, despite previous usage of the H-wave device on a trial basis. Therefore, the request was not medically necessary.