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| <b>Case Number:</b>   | CM15-0045869 |                              |            |
| <b>Date Assigned:</b> | 03/18/2015   | <b>Date of Injury:</b>       | 08/16/2013 |
| <b>Decision Date:</b> | 04/23/2015   | <b>UR Denial Date:</b>       | 02/24/2015 |
| <b>Priority:</b>      | Standard     | <b>Application Received:</b> | 03/10/2015 |

### 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: Pennsylvania

Certification(s)/Specialty: Internal Medicine, Hospice & Palliative 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 47 year old male sustained a work related injury on 08/16/2013. According to a progress report dated 02/03/2015, the injured worker utilized H-Wave from 11/14/2014 to 12/05/2014. The injured worker reported a decrease in the need for oral medication due to use of the H-Wave device. There was a 50 percent reduction in pain. The injured worker was able to do more housework, sleep better, and had less pain after work. Previous treatments included TENS unit, physical therapy, modifications, electrical stimulation (other than TENS or H-Wave. Treatment plan included purchase of home H-Wave Device and system two times per day @ 30-60 minutes per treatment as needed. Diagnoses were listed as 726.12 and 726.10 which correspond to biceps tendonitis and subacromial bursitis.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Home H-Wave device and system:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines H-Wave Stimulation Page(s): 117-118.

**Decision rationale:** The MTUS Guidelines do not recommend use of H-wave stimulation as an isolated treatment. A one-month home-based trial can be considered for those with diabetic neuropathy or chronic inflammation if it is being used along with an evidence-based functional restoration program. The appropriately selected workers are those who have failed conservative treatment that included physical therapy, pain medications, and TENS. Documentation during the one-month trial should include how often the home H-wave device was used, the pain relief achieved, and the functional improvements gained with its use. The submitted and reviewed documentation indicated the worker was experiencing shoulder, hand, and wrist pain. There was no discussion suggesting the worker had diabetic neuropathy or active symptoms related to chronic inflammation. There was also no discussion describing which specific treatments the symptoms had failed. In the absence of such evidence, the current request for an H-wave device and system for home use is not medically necessary.