

<b>Case Number:</b>	CM15-0083882		
<b>Date Assigned:</b>	05/06/2015	<b>Date of Injury:</b>	03/18/2014
<b>Decision Date:</b>	06/08/2015	<b>UR Denial Date:</b>	04/27/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	05/01/2015

### 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 54-year-old who has filed a claim for chronic shoulder pain reportedly associated with an industrial injury of March 18, 2014. In a Utilization Review report dated April 27, 2015, the claims administrator failed to approve a request for an H-Wave device. A progress note dated April 17, 2015 was referenced in the determination. The applicant's attorney subsequently appealed. In a May 6, 2015 progress note, the attending provider and/or device vendor appealed an earlier decision to deny the device. In a highly templated letter dated April 20, 2015, the device vendor stated that the applicant's H-Wave device was proving beneficial. The applicant's work status was not detailed. In an RFA form dated April 17, 2015, the treating provider and/or device vendor again reiterated the request for the H-Wave device, which had apparently been employed on a trial basis, it was reported. Pre-printed checkboxes were employed, with little-to-no narrative commentary. In an applicant questionnaire dated February 17, 2015, the applicant acknowledged that she was not working, despite ongoing usage of the H-Wave device. The applicant and/or device vendor stated that the applicant's usage of medications, including ibuprofen, was somewhat reduced. This was not elaborated or expounded upon. On March 31, 2015, the applicant was precluded from returning to usual and customary work. 3/7 pain complaints were noted. The applicant was still using gabapentin, it was reported, despite ongoing usage of the H-Wave device, it was acknowledged. Lying down on her back and lifting remained problematic, it was reported. The applicant's complete medication list was not furnished.

## IMR ISSUES, DECISIONS AND RATIONALES

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

**Home H-Wave Device:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG).

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

**Decision rationale:** No, the request for a home 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 a one-month trial should be justified by the documentation submitted for review, with evidence of favorable outcomes in terms of both “pain relief and function.” Here, however, the applicant remained off of work, on total temporary disability, despite ongoing usage of the H-Wave device, it was acknowledged on an applicant questionnaire of February 2015 and a subsequent progress note of March 31, 2015. The applicant remained dependent on adjuvant medications such as gabapentin. All of the foregoing, taken together, suggested a lack of functional improvement as defined in MTUS 9792.20e, despite ongoing usage of the H-Wave device. Therefore, the request was not medically necessary.