

<b>Case Number:</b>	CM14-0165637		
<b>Date Assigned:</b>	10/14/2014	<b>Date of Injury:</b>	11/07/2011
<b>Decision Date:</b>	11/14/2014	<b>UR Denial Date:</b>	09/22/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/08/2014

### 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. The expert reviewer is Board Certified in Physical Medicine and Rehabilitation, and is licensed to practice in Texas. 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/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

### CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

Medical records reflect the claimant is a 32 year old male sustained a work injury on 11-7-11. On this date, the claimant was cleaning a dumpster that rolled back on him. The claimant has been treated with medications, physical therapy, TENS unit, and chiropractic care. Office visit on 4-15-14 notes the claimant had used an H-wave for 21 days. He reported the decrease in the need for oral medications. The claimant reports increase in ADL. The claimant reported less pain and swelling. He reported 40% improvement with the use of this device.

### 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:** Decision based on MTUS Chronic Pain Treatment Guidelines H-wave Stimulation Page(s): 117.

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

**Decision rationale:** Chronic Pain Medical Treatment Guidelines as well as ODG notes that H wave stimulation is not recommended as an isolated intervention, but a one-month home-based trial of H-Wave stimulation may be considered as a noninvasive conservative option for diabetic neuropathic pain or chronic soft tissue inflammation. The claimant reported using the H wave

for 21 days with 40% improvement and less use of oral medications. However, there is an absence in documentation noting that this will be used in conjunction with a functional restoration program or that he has objective findings of chronic soft tissue inflammation. The claimant reports improvement and decrease in the use of oral medications. Quantification with daily pain diaries noting this functional improvement and objective documentation of decrease of oral medications not provided. Based on the Chronic Pain Medical Treatment Guidelines as well as ODG guidelines and criteria as well as the clinical documentation stated above, the request is not medically necessary.