

<b>Case Number:</b>	CM14-0168296		
<b>Date Assigned:</b>	10/15/2014	<b>Date of Injury:</b>	11/12/2012
<b>Decision Date:</b>	11/18/2014	<b>UR Denial Date:</b>	10/07/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/13/2014

### 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 Family Medicine, and is licensed to practice in Texas & California. 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:

This is a 42 year old male patient who sustained a work related injury on 11/12/12. Patient sustained the injury when he fell from ladder onto outstretched hands while working as a roofer. The current diagnoses include fracture of facial bone, post concussive headache, cervical spondylosis without myelopathy, bilateral fracture of distal radius and status post left shoulder surgery on 4/18/14. Per the doctor's note dated 9/24/14, patient has complaints of head pain, left facial pain, decreased visual acuity, left eye pain, bilateral wrist pain, neck pain, and chest wall pain. Physical examination revealed 4/5 strength, normal tone and normal gait and station. The medication lists include Pantoprazole, Oxycodone, Docusate Sodium, Venlafaxine and Flector 1.3% Patch. The patient has had MRI of left scapula on 4/8/13 that was normal; MRI of left shoulder on 4/2/13 that revealed tear superior glenoid labrum; CT scan and X-ray of pelvis were negative; head CT scan on 11/17/13 that showed acute intracranial hemorrhage; MRI of cervical spine showed left posterolateral osteophytes at C5-C6 and moderate narrowing of the left C5-6 neural foramen. The past medical history includes vasectomy. The patient's surgical history include left shoulder surgery on 4/18/14; ORIF of bilateral wrists on 11/13/12 and on 7/26/13, removal of the bilateral wrist implants (1 plate, 7 screw, 8 implants each wrist). The patient has received an unspecified number of the PT visits for this injury. The patient has used an H-wave machine and a wrist brace for this injury.

### 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 H-Wave Stimulation (HWT) Page(s): 117.

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

**Decision rationale:** Per the CA MTUS Chronic Pain Medical Treatment Guidelines H-wave stimulation (HWT) 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 if used as an adjunct to a program of evidence-based functional restoration, and only following failure of initially recommended conservative care, including recommended physical therapy (i.e., exercise) and medications, plus transcutaneous electrical nerve stimulation (TENS)." Per the records provided, any indications listed above were not specified in the records provided. The records provided did not specify any evidence of neuropathic pain, CRPS I and CRPS II. Any evidence of a trial and failure of a TENS for this injury was not specified in the records provided. Patient has received an unspecified number of PT visits for this injury. The records provided did not specify a response to conservative measures such as oral pharmacotherapy or splint in conjunction with rehabilitation efforts for this diagnosis. Any evidence of diminished effectiveness of medications or intolerance to medications was not specified in the records provided. The medical necessity of Purchase of home h-wave device is not fully established for this patient.