

<b>Case Number:</b>	CM14-0211562		
<b>Date Assigned:</b>	12/24/2014	<b>Date of Injury:</b>	09/05/2014
<b>Decision Date:</b>	02/20/2015	<b>UR Denial Date:</b>	12/04/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	12/17/2014

### 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. 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, California  
 Certification(s)/Specialty: Family Practice

### 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 55 year old female patient who sustained a work related injury on 9/5/14 Patient sustained the injury due to prolonged standing at an awkward workstation The current diagnoses include cervical/lumbar sprain/strain, upper/lower extremity radiculitis, tight shoulder impingement, left shoulder strain, right elbow triceps tendinitis, bilateral wrist overuse, bilateral knee patellofemoral arthralgia, right ankle sprain, left plantar fasciitis, and HTN. Per the doctor's note dated 11/26/14, patient has complaints of pain in the cervical, lumbar, right wrist, right elbow and right shoulder region Physical examination of the cervical and lumbar region revealed tenderness on palpation, limited ROM, positive SLR, tenderness on palpation, muscle spasm The current medication lists was not specified in the records provided The patient has had MRI of the lumbar region Diagnostic imaging reports were not specified in the records provided. The patient's surgical history include low back surgery The patient has received an unspecified number of chiropractic visits for this injury. The patient has used a wrist brace.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Home H-Wave Unit:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Home H-Wave Unit.

**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 chiropractic 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. Furthermore, documentation of response to other conservative measures such as oral pharmacotherapy in conjunction with rehabilitation efforts was not provided in the medical records submitted. The medical necessity of Home H-Wave Unit is not fully established for this patient.