

<b>Case Number:</b>	CM15-0119175		
<b>Date Assigned:</b>	06/29/2015	<b>Date of Injury:</b>	08/29/2012
<b>Decision Date:</b>	07/28/2015	<b>UR Denial Date:</b>	05/18/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	06/19/2015

### 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: Massachusetts

Certification(s)/Specialty: Physical Medicine & Rehabilitation, Pain Management

### 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 45 year old female with an August 29, 2012 date of injury. A progress note dated April 17, 2015 documents subjective complaints (constant mild to moderate neck tight, sore, aches, stabbing rated at a level of 4-5/10; frequent mild right shoulder tight, stabbing, shooting, sore, rated at a level of 3-4/10; frequent mild to moderate left shoulder stabbing, sore, aches, numb rated at a level of 4-5/10; frequent mild to moderate right elbow aches, sore, stabbing, shooting rated at a level of 4-5/10; constant mild to moderate left elbow sore, aches, tight rated at a level of 5-6/10; increased tension, depression, nervousness, poor concentration, headaches, sleeplessness, fatigue, frustration, irritability, anxiety, poor self-esteem), objective findings (pain in all planes of the cervical spine; positive foraminal compression and Jackson compression bilaterally; tenderness to palpation over the upper trapezius, rhomboids, and levator scapulae bilaterally; decreased range of motion of the left shoulder; pain in all planes of the left shoulder; positive impingement sign; tenderness to palpation over the biceps, deltoid, acromioclavicular joint, and rhomboids bilaterally; pain in all planes of the right elbow; positive Cozens test, tennis elbow and golfer's elbow on the right; tenderness to palpation over the medial/lateral joint line on the right), and current diagnoses (right shoulder sprain/strain; cervical sprain/strain; right elbow sprain/strain; myofascitis; radiculitis; right elbow lateral epicondylitis; right shoulder rotator cuff syndrome). Treatments to date have included imaging studies, medications, chiropractic treatments, shock wave therapy, and exercise. The treating physician documented a plan of care that included purchase of an H-wave unit for home use.

## IMR ISSUES, DECISIONS AND RATIONALES

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

**Purchase of an H-wave unit for the home:** Overturned

**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.

**Decision rationale:** The claimant sustained a work injury in August 2012 and continues to be treated for neck, shoulder, and elbow pain. When seen, there was decreased range of motion with tenderness. Shoulder impingement testing and Cozen tests were positive. The claimant underwent a 30-day trial of H-wave use in February and March 2015. The unit was used two times per day for 30-45 minutes with a 45% improvement and decreased medication usage. Although H-wave stimulation is not recommended as an isolated intervention, a one month home-based trial of may be considered as a noninvasive conservative option for the treatment of chronic pain. H-wave stimulation is a form of electrical stimulation that differs from other forms of electrical stimulation, such as transcutaneous electrical nerve stimulation (TENS), in terms of its waveform. During the trial, it should be documented as to how often the unit was used, as well as outcomes in terms of pain relief and function. In this case, the claimant has had a well-documented trial of H-wave use with reported decreased pain and medication use. The requested H-wave unit was medically necessary.