

<b>Case Number:</b>	CM15-0173958		
<b>Date Assigned:</b>	09/15/2015	<b>Date of Injury:</b>	04/13/2015
<b>Decision Date:</b>	10/23/2015	<b>UR Denial Date:</b>	08/25/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	09/03/2015

### 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, Illinois

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 60 year old male injured worker suffered an industrial injury on 4-13-2015. The diagnoses included cervical spine sprain-strain with right arm radiculopathy, right shoulder tendinosis, impingement syndrome and strain, right forearm strain, and lumbar sprain and strain with right lower extremity radiculopathy. On 7-15-2015, the treating provider reported increased numbness and tingling in the right upper extremity. On exam the cervical spine had pain with guarding and spasms with the right greater than the left to the upper back and decreased range of motion. On 8-18-2015 the treating provider reported the evaluation period for the H-wave unit was 6-30- 2015 to 7-30-2015. The report stated there was no change in the medication regime due to use of the H-wave device and stated there was a 70% improvement in pain. He reported the ability to perform activity and greater overall functions due to the use of the device was increased: "Sit longer, sleep better and Stand longer." He had been using it 3 times a day 7 days a week for less than 30 minutes a session. Other treatments use prior to the device was TENS unit, physical therapy, medications and chiropractic therapy. The diagnostics included thoracic spine x-rays. The Utilization Review on 8-25-2015 determined non-certification for Purchase of a home H- wave unit.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Purchase of a home H-wave unit:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Introduction, Chronic pain programs (functional restoration programs).

**Decision rationale:** The injured worker sustained a work related injury on 4-13-2015. The diagnoses included cervical spine sprain-strain with right arm radiculopathy, right shoulder tendinosis, impingement syndrome and strain, right forearm strain, and lumbar sprain and strain with right lower extremity radiculopathy. Treatments have included TENS unit, physical therapy, medications and chiropractic therapy. The medical records provided for review do not indicate a medical necessity for Purchase of a home H-wave unit. The MTUS does not recommend H- Wave treatment as an isolated treatment, except if it is being used as an adjunct to ongoing treatment modalities within a functional restoration approach. The Medical records do not indicate the injured worker is enrolled in a functional restoration program.