

<b>Case Number:</b>	CM15-0096222		
<b>Date Assigned:</b>	05/26/2015	<b>Date of Injury:</b>	02/05/2007
<b>Decision Date:</b>	06/29/2015	<b>UR Denial Date:</b>	04/23/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	05/19/2015

### 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: California

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 injured worker is a male, who sustained an industrial injury on 2/5/2007. He reported bilateral wrist, bilateral elbows, and left shoulder pain. The injured worker was diagnosed as having status post left shoulder rotator cuff repair with continued subacromial inflammation, bilateral carpal tunnel syndrome with significant electro diagnostic findings on the right, left ulnar nerve compression at the elbow, bilateral medial epicondylitis, recurrent right lateral epicondylitis, and status post left revision lateral extensor origin repair. Treatment to date has included medications, H-wave, physical therapy, TENS, and chiropractic treatment. The request is for a home H-wave device. The records indicate he utilized home H-wave treatment from 9/16/2014 to 3/27/2015. On 4/9/2015, he reported a 60% reduction in pain with use of H-wave. He indicated he is able to get more housework done, sleep better and has more family interaction with the use of H-wave. The treatment plan included: purchase of a home H-wave device. The records indicate he has decreased his medications with the use of the H-wave. On 6/9/2015, he complained of recurrent left shoulder pain that began 3 weeks prior to this appointment. He reported a cortisone injection to have helped. An ultrasound of the left shoulder done in the office revealed the rotator cuff to be intact. He is noted to have a positive impingement sign on the left along with a positive Tinel's sign and positive Phalen's tests at both wrists.

### 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:** Overturned

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

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

**Decision rationale:** The one-month HWT trial may be appropriate to permit the physician and provider licensed to provide physical therapy to study the effects and benefits, and it should be documented (as an adjunct to ongoing treatment modalities within a functional restoration approach) as to how often the unit was used, as well as outcomes in terms of pain relief and function. The patient completed the 30-day and reported success. Patient claims to have a 60% reduction in pain, an increase in functionality, and a decreased dependence on oral medications. I am reversing the previous utilization review decision. Home H-Wave device purchase is medically necessary.