

<b>Case Number:</b>	CM15-0099961		
<b>Date Assigned:</b>	06/02/2015	<b>Date of Injury:</b>	11/05/1990
<b>Decision Date:</b>	06/30/2015	<b>UR Denial Date:</b>	04/30/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	05/26/2015

### 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:

The injured worker is a 49 year old male who sustained an industrial injury on 11/5/90. The injured worker was diagnosed as having musculoligamentous sprain of the cervical spine with upper extremity radiculitis, acromioclavicular joint osteoarthritis, musculoligamentous sprain of lumbar spine with lower extremity radiculitis, chondromalacia patella right knee and mild to moderate degenerative changes left ankle. Currently, the injured worker was with complaints of pain in the back and lower back shoulders. Previous treatments included medication management, therapy and H-wave unit. Previous diagnostic studies included radiographic studies. The plan of care was for an H-wave unit and physical therapy.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**H-wave unit:** Overturned

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines H-wave stimulation (HWT), p117.

**Decision rationale:** The claimant has a remote history of a work injury occurring in November 1990. She continues to be treated for low back and shoulder pain. Treatments have included recent physical therapy with completion of 20 sessions. The claimant is using an H-wave unit with reported benefit including improved range of motion without radiating pain. The claimant is noted to be working. Physical examination findings included lumbar spine tenderness. Authorization for an additional eight treatment sessions and four an H-wave unit purchase was requested. 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. In this case, the claimant has been using an H-wave unit with benefit and is noted to be working. He would be expected to be able to perform a home exercise program. Therefore, the requested H-wave unit is medically necessary.

**Physical therapy sessions x 8:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Physical Medicine.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) (1) Chronic pain, Physical medicine treatment. (2) Preface, Physical Therapy Guidelines.

**Decision rationale:** The claimant has a remote history of a work injury occurring in November 1990. She continues to be treated for low back and shoulder pain. Treatments have included recent physical therapy with completion of 20 sessions. The claimant is using an H-wave unit with reported benefit including improved range of motion without radiating pain. The claimant is noted to be working. Physical examination findings included lumbar spine tenderness. Authorization for an additional eight treatment sessions and four an H-wave unit purchase was requested. The claimant is being treated for chronic pain without new injury and has recently had physical therapy. Compliance with an independent exercise program would be expected and would not require continued skilled therapy oversight. An independent exercise program can be performed as often as needed/appropriate rather than during scheduled therapy visits. The additional therapy being requested is in excess of what would be needed to finalize the claimant's home exercise program. The request is not medically necessary.