

<b>Case Number:</b>	CM14-0173403		
<b>Date Assigned:</b>	10/24/2014	<b>Date of Injury:</b>	01/01/2013
<b>Decision Date:</b>	11/25/2014	<b>UR Denial Date:</b>	10/09/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/20/2014

### 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. The expert reviewer is Board Certified in Physical Medicine & Rehabilitation and is licensed to practice in California. 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/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

### 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 54-year-old female who reported an injury on 01/01/2013. The injured worker sustained injuries while working as a secretary for the [REDACTED]. Due to repetitive work and usage of her arm and hand, she developed some numbness in her left arm. The injured worker's treatment history included sessions of physical therapy, MRI scan of the left forearm and left elbow, lumbar spine surgery, and medications. The injured worker was evaluated on 09/30/2014 and it is documented the injured worker stated after the use of the home H-wave unit utilizing it from 08/14/2014 to 09/23/2014, the injured worker reported the ability to perform more activity and greater overall function due to the use of H-wave device. The injured worker reported after use of H-wave device a 70% reduction in pain. The injured worker was given these examples of increased function due to the H-wave. The injured worker was utilizing H-wave unit 1 time per day, for 5 days per week, for 45 minutes per session. The provider noted the injured worker has not sufficiently improved with conservative care. The trial of the H-wave unit has shown to benefit. The H-wave unit was an evidence-based treatment that focuses on functional restoration. The provider noted the injured worker had utilized a TENS unit for 2 months; however, the TENS unit was not strong enough to help with pain or swelling and the injured worker needs something for laxation. On 10/14/2014, the provider noted the injured worker had functional restoration with the use of the H-wave device. The provider noted the injured worker also had access to conservative care requirements as well to include failed with a TENS treatment which had no therapeutic or lasting effect. The diagnoses included left elbow/arm. The Request for Authorization dated 09/30/2014 was for home H-wave device.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Home H-Wave Device (E1399): Upheld**

**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 Page(s): 118.

**Decision rationale:** The request for H-Wave purchase Homecare System is not medically necessary. California (MTUS) Chronic Pain Medical Treatment Guidelines states that the H-wave unit is recommended an isolated intervention but can be used on a 30-day trial basis as a non-invasive conservative care option for diabetic neuropathic pain or chronic soft tissue inflammation in conjunction to evidence-based functional restoration program. The documents submitted for indicated the injured worker having diagnoses of left elbow and left arm pain, there was no indication the injured worker having diabetic neuropathic pain or chronic soft tissue inflammation. The injured worker had used the H-Wave unit on 08/14/2014 to 09/23/2014 with a date of survey on the H-Wave Unit for her left arm and elbow. It was noted on the H-Wave Unit patient compliance and outcome report the injured worker that it decreased the injured worker increased daily activities and increased sleep. It was noted that the injured worker used the H-Wave Unit 2 times a day for 30-45 minutes a day. In addition, the request did not specify the location of use for the H-Wave unit for the injured worker. The documents submitted failed to indicate the injured worker long-term- functional improvement goals and home exercise regimen. Given above, the request for the Home H-Wave device (E1399) is not medically necessary.