

<b>Case Number:</b>	CM13-0002784		
<b>Date Assigned:</b>	03/21/2014	<b>Date of Injury:</b>	09/28/2012
<b>Decision Date:</b>	04/30/2014	<b>UR Denial Date:</b>	07/12/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	07/24/2013

### 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, has a subspecialty in Interventional Spine 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 patient is a 41 year-old male with a date of injury of 09/28/2012. The listed diagnosis per [REDACTED] is left shoulder sprain. According to report dated 05/21/2013, the patient presents with history of ongoing left shoulder pain. The patient was advised regarding compliance that physical therapy is required before surgery is considered. Physical examination revealed positive impingement. Diagnoses was noted as rotator impingement and SLAP per MRI. Report dated 06/21/2013 notes patient is doing about the same and is progressing slowly with physical therapy. Examination showed abduction to 110 degrees with poor mobility. Diagnosis is sprain of left shoulder.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**AN H-WAVE SYSTEM FOR THIRTY (30) DAY TRIAL:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not cite any medical evidence for its decision.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Chronic Pain Medical Treatment Guidelines, H-Wave Stimulation (HWT), Page(s): 117-118.

**Decision rationale:** This patient presents with continued left shoulder complaints. The treating physician is requesting a 30 day trial of an H-wave system for patient's left shoulder pain and loss of motion and disrupted ADLs. Per MTUS Guidelines, H-wave is not recommended as an isolated intervention, but a 1-month home-based trial of H-wave stimulation may be considered as a non-invasive conservative option for diabetic neuropathic pain or soft tissue inflammation if used as an adjunct to a program of evidence-based functional restoration and only following failure of initially recommended conservative care including physical therapy, medication, and TENS unit. Review of reports from 01/11/2013 to 06/21/2013 do not show that this patient has tried a TENS unit, as required by MTUS. In this case, the treater is requesting a 30 day trial without trying a TENS unit. The requested H-wave rental for 30 days is not medically necessary and recommendation is for denial.