

<b>Case Number:</b>	CM13-0020860		
<b>Date Assigned:</b>	10/11/2013	<b>Date of Injury:</b>	09/18/2012
<b>Decision Date:</b>	03/26/2014	<b>UR Denial Date:</b>	08/09/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	09/06/2013

### HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to a physician reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The physician reviewer is Board Certified in Physical Medicine and Rehabilitation, has a subspecialty in Pain Management 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 physician 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.

### CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

This is a male patient with a date of injury of September 8, 2012. A utilization review determination dated August 9, 2013 recommends non-certification of H-wave unit. A progress report dated August 15, 2013 states, "patient states to use the H-wave unit twice daily for 2 weeks with no relief of his pain. He continues to get a sharp pain on the superior aspect of the right shoulder that radiates posterior laterally to the elbow." Objective examination identifies tenderness to palpation around the superior aspect of the right shoulder - AC joint and anterior capsule." Diagnoses include right shoulder partial thickness tear of supraspinatus portion of rotator cuff, right shoulder impingement syndrome, status post right shoulder arthroscopy, and long-term use of prescribed medication. Recommends limiting vicodin use and using tramadol PRN.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**DME H-Wave unit 30 day rental, right shoulder:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 114 and 117-118.

**Decision rationale:** Regarding the request for H-wave unit, Chronic Pain Medical Treatment Guidelines state that electrotherapy represents the therapeutic use of electricity and is another modality that can be used in the treatment of pain. Guidelines go on to state that H-wave stimulation is not recommended as an isolated intervention, but a one-month home-based trial of H-wave stimulation may be considered as a noninvasive conservative option for diabetic neuropathic pain, or chronic 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 recommended physical therapy and medications plus transcutaneous electrical nerve stimulation. Within the documentation available for review, there is no indication that the patient has failed all conservative treatment options including a transcutaneous electrical nerve stimulation trial. In the absence of such documentation, the currently requested H-wave device is not medically necessary.