

<b>Case Number:</b>	CM13-0023560		
<b>Date Assigned:</b>	03/03/2014	<b>Date of Injury:</b>	09/06/2012
<b>Decision Date:</b>	04/22/2014	<b>UR Denial Date:</b>	08/15/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	09/12/2013

### 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 Occupational Medicine 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 has filed a claim for shoulder/upper arm strain associated with an industrial injury date of September 6, 2012. A utilization review from August 15, 2013 denied the request for H-wave unit due to lack documentation of functional improvement. Treatment to date has included medication, physical therapy, right shoulder surgery, home exercise program, and 30 day trial of an H-wave unit. Medical records from 2013 were reviewed showing the patient complaining of persistent 7/10 right shoulder pain. The pain interferes with activities of daily living. The patient was trialed for 30 days on an H-wave unit. No outcome report was made available. On physical exam, the patient's right shoulder has decreased range of motion. There was noted tenderness over the bicipital groove. Rotator cuff muscle strength was noted to be good.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**THE REQUEST FOR PURCHASE OF AN H-WAVE:** 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 Page(s): 117-118.

**Decision rationale:** As stated on pages 117-118 of the California MTUS Chronic Pain Medical Treatment Guidelines, H-wave stimulation is not recommended as an isolated intervention, but a one month trial may be considered if used as an adjunct to a program of evidence-based functional restoration. A purchase of an H wave unit may be considered after good outcomes from a 30 day trial, this includes increased performance in activities of daily living and/or decreased medication use. In this case, the patient has completed a 30 day trial with the H-wave unit. However, there was no reported outcome assessment from this trial; specific functional improvement such as increased performance, activities of daily living or decreased medication usage was not indicated in the documentation. Therefore, the request for an H wave purchase is not medically necessary.