

<b>Case Number:</b>	CM13-0025508		
<b>Date Assigned:</b>	11/20/2013	<b>Date of Injury:</b>	01/01/2012
<b>Decision Date:</b>	01/31/2014	<b>UR Denial Date:</b>	09/05/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	09/17/2013

### 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 Anesthesiologist, and Pain Medicine and is licensed to practice in Florida. 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. 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 47-year-old female who reported an injury on 01/01/2012 after falling forward into a deli case. The patient reportedly sustained an injury to their left shoulder. The patient was treated conservatively with physical therapy, medications, and a home exercise program. It was noted that during physical therapy the patient was using a TENS unit. The patient underwent MRI that revealed focal bursal surface moderately severe supraspinatus tendinosis with fraying and shoulder synovitis. The patient's most recent clinical examination findings included range of motion described as 108 degrees in abduction with a painful arc of motion, active forward flexion to 180 degrees with painful arc of motion, and 5/5 motor strength. The patient's diagnoses included adhesive capsulitis of the shoulder. The patient's treatment plan included a home exercise program, anti-inflammatory cream, and H-wave therapy.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**H-Wave medical device:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 117-118.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines h-wave Page(s): 117.

**Decision rationale:** The California Medical Treatment Utilization Schedule does recommend the use of H-wave therapy as an adjunct therapy to a Functional Restoration Program after a 30 days home-based trial shows significant functional improvement. However, the request does not clearly identify if this is for a 1 month home-based trial or for purchase. The clinical documentation submitted for review does provide evidence that the patient has participated in physical therapy, home exercise program, and has utilized a TENS unit. The patient continues to have minimal functional deficits. The request for an H-wave medical device is not medically necessary and appropriate.