

<b>Case Number:</b>	CM13-0032571		
<b>Date Assigned:</b>	12/11/2013	<b>Date of Injury:</b>	12/01/2009
<b>Decision Date:</b>	01/28/2014	<b>UR Denial Date:</b>	09/16/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/09/2013

### 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 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 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 42 year old female with injury from 12/1/09. Diagnoses include Degeneration of cervical disc; pain in shoulder; ulnar nerve lesion; lumbar disc displacement; cervical disc displacement. The request for H-wave was denied by 9/16/13 [REDACTED] UR letter. Rationale was lack of pain intensity, no mention of conservative treatments such as medications, TENS, cold/heat, home exercises or recent PT. According to the most recent progress report by [REDACTED] on 7/19/13, the patient presents with neck and upper extremity pain, right shoulder pain. Surgical consult from June (6/21/13 report by [REDACTED]) did recommend surgery. She is having increased pain in the right arm now. MRI from 4/1/13 showed mild subacromial fluid due to bursitis, small complete supraspinatus tendon tear. EMG/NCG of arms from 1/25/12 showed mild Ulnar neuropathy. Cervical MRI from 4/15/10 showed multi level 1-2 mm disc protrusions. ROM of right shoulder was to 90degrees abduction/flexion, positive impingement signs. Current medications were buprenorphine, butrans and flexeril as well as prilosec.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**H-Wave Rental/day Trial QTY:30:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 114-121.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Transcutaneous Electrotherapy Page(s): 114.

**Decision rationale:** This patient suffers from chronic neck and right shoulder with MRI of shoulder showing bursitis and possible rotator cuff tear. The patient was seen by an orthopedist who has recommended surgery. Review of the reports show that the patient is on multi-regimen of medications. The injury is from 2009 suggesting that the patient likely has had conservative care. The patient continues to experience pain and the request is for the use of H-wave. Unfortunately, despite review of the reports 7/19/13, 6/4/13, 4/12/13, and 3/8/13 reports, I was unable to find discussion for the requested H-wave unit. I do not know whether or not TENS unit has been tried, or H-wave has been trialed in the past. As it is, the request cannot be recommended for authorization. MTUS allows for 30-day trial for electrical stimulation units and I cannot tell that this patient has had a trial. H-wave is indicated for "soft-tissue inflammation" issues for which this patient qualifies, but a 30-day trial is first recommended. Recommendation is for denial.