

<b>Case Number:</b>	CM13-0054683		
<b>Date Assigned:</b>	12/30/2013	<b>Date of Injury:</b>	02/29/2012
<b>Decision Date:</b>	05/18/2014	<b>UR Denial Date:</b>	11/06/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	11/19/2013

### 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 Internal 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:

Patient is an injured worker with a diagnosis of right shoulder condition. Date of injury is 02-29-2012. Mechanism of injury was motor vehicle accident. Primary treating physician's progress report (PR-2) for date of service 10-30-2013 by [REDACTED] documented subjective complaints of occasional sharp pain in right shoulder with certain movements, occasional stiffness /tightness in right shoulder, 24/24 PT sessions completed with benefit. No shoulder pain at rest. Has stiffness and pain when sleeps on side. Pain persists with rotation of shoulder while reaching. Objective Findings: Physical examination: [REDACTED] R 48/46/42 L 44/42/42, Right shoulder ROM elevation active 175, Strength 5/5 Elevation, ER, and ABD, crepitus with ROM. Assessment: post-op Right shoulder arthroscopy. Treatment plan included request for H-Wave purchase. Primary treating physician's progress report (PR-2) for date of service 08-22-2013 by [REDACTED] documented PT sessions provided benefit, TENS unit provided no benefit. Operative report 05-13-2013 documented diagnoses right shoulder calcific tendinitis, impingement syndrome, rotator cuff tear. Procedures performed were right shoulder arthroscopy, debridement calcific body, rotator cuff repair. Utilization review dated 11-06-2013 recommended non-certification of the request for the purchase of H-Wave unit.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**H-WAVE UNIT:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 45, 49, 117-118. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Shoulder.

**Decision rationale:** Medical treatment utilization schedule (MTUS) Chronic Pain Medical Treatment Guidelines (Page 117-118) state that H-wave stimulation is a form of electrical stimulation. Official Disability Guidelines (ODG) Shoulder (Acute & Chronic) state that electrical stimulation is not recommended for shoulder conditions. National Guideline Clearinghouse (NGC) Guideline Title: Pain (chronic), Work Loss Data Institute (2011) states that H-wave stimulation (HWT) was considered, but is not recommended. Medical treatment utilization schedule (MTUS) Chronic Pain Medical Treatment Guidelines (Page 117-118) state that: H-wave stimulation (HWT) 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 (i.e., exercise) and medications, plus transcutaneous electrical nerve stimulation (TENS). Primary treating physician's progress report (PR-2) 10-30-2013 documented that 24/24 physical therapy (PT) sessions were completed and provided benefit. Thus, the patient did not fail conservative care, which includes physical therapy. Patient does not have diabetic neuropathic pain. There is no evidence of chronic soft tissue inflammation documented in the physical examination. There is no documentation that the patient participated in an evidence-based functional restoration program. Medical treatment utilization schedule (MTUS) Chronic Pain Medical Treatment Guideline (Page 117-118) state that: H-wave rental would be preferred over purchase. The clinical guidelines and medical records do not support the medical necessity of the purchase of H-Wave unit. Therefore, the request for purchase of H-Wave unit is not medically necessary.