

|                       |              |                              |            |
|-----------------------|--------------|------------------------------|------------|
| <b>Case Number:</b>   | CM13-0058528 |                              |            |
| <b>Date Assigned:</b> | 12/30/2013   | <b>Date of Injury:</b>       | 07/28/2010 |
| <b>Decision Date:</b> | 09/08/2014   | <b>UR Denial Date:</b>       | 11/11/2013 |
| <b>Priority:</b>      | Standard     | <b>Application Received:</b> | 11/27/2013 |

### 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 Physical Medicine & Rehabilitation 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:

According to the records made available for review, this is a 53-year-old male with a 7/28/10 date of injury. At the time (10/15/13) of the request for authorization for additional 3 month for home H-wave device for the left shoulder, there is documentation of subjective (continued left shoulder pain) and objective (tenderness to the left shoulder, especially over the acromioclavicular joint) findings, current diagnoses (impingement syndrome bilateral shoulders and status post left shoulder arthroscopic surgery), and treatment to date (medication, injection, transcutaneous electrical nerve stimulation, and H-wave with a decrease in the need for oral medications due to use of the H-wave device). There is no documentation of the effects and benefits of the one month trial (as an adjunct to ongoing treatment modalities within a functional restoration approach) as to how often the unit was used, as well as outcomes in terms of pain relief and function.

### IMR ISSUES, DECISIONS AND RATIONALES

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

#### **ADDITIONAL 3 MONTH FOR HOME H-WAVE DEVICE FOR THE LEFT SHOULDER:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines H-wave stimulation (HWT).

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

**Decision rationale:** The MTUS Chronic Pain Medical Treatment Guidelines identifies that a one-month home-based trial of H-Wave stimulation may be considered as a noninvasive conservative option for chronic soft tissue inflammation 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). In addition, MTUS Chronic Pain Medical Treatment Guidelines identifies that the effects and benefits of the one month trial should be documented (as an adjunct to ongoing treatment modalities within a functional restoration approach) as to how often the unit was used, as well as outcomes in terms of pain relief and function. Within the medical information available for review, there is documentation of diagnoses of impingement syndrome bilateral shoulders and status post left shoulder arthroscopic surgery. In addition, there is documentation of treatment with an H-wave unit. However, there is no documentation of the effects and benefits of the one month trial (as an adjunct to ongoing treatment modalities within a functional restoration approach) as to how often the unit was used, as well as outcomes in terms of pain relief and function. Therefore, based on the guidelines and a review of the evidence, the request for an additional 3 month for home H-wave device for the left shoulder is not medically necessary.