

<b>Case Number:</b>	CM14-0109136		
<b>Date Assigned:</b>	08/01/2014	<b>Date of Injury:</b>	05/24/2010
<b>Decision Date:</b>	11/07/2014	<b>UR Denial Date:</b>	06/17/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	07/14/2014

### 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:

The injured worker (IW) is a 52-year-old woman, date of injury of May 24, 2010. The mechanism of injury occurred when she developed pain in her right elbow due to lifting children while changing diapers. The current diagnoses are: Muscle atrophy; rotator cuff sprain; lateral epicondylitis; carpal tunnel syndrome. Treatment has included: Left shoulder arthroscopy on November 7, 2013 with debridement, synovectomy, biceps tenodesis, and subacromial decompression; September 4, 2014 release of the right elbow lateral epicondyle, release of right carpal tunnel, and lunar nerve transposition of right elbow; diagnostics; postoperative physical therapy (PT); November 9, 2011 ESWT. The most recent progress note dated June 6, 2014 reports that the IW complains of weakness in the left shoulder. There is numbness and tingling in the left upper extremity. The IW has severe atrophy in the right deltoid muscle. Nerve conduction studies of the left upper extremity performed June 30, 2014 indicate normal findings. Pursuant to the July 3, 2014 Initial Orthopedic Agreed Medical Evaluation indicated the following: The IW initially received cortisone injection in her bilateral hands and wrists. She also underwent physical therapy treatments. The IW states that her past treatments helped temporarily, but she did not see any major improvements. Subsequent treatment included aquatic therapy, x-rays, MRIs of her bilateral extremities, PT, and medications. She eventually had Left shoulder surgery in January of 2013. The IW did not experience any improvement following the surgery, and a second arthroscopic surgery to the left shoulder was performed in November of 2013, which has resulted in increased symptoms and decreased ability to move her arm. She has been using an H-wave machine, continues with medications, and has undertaken a home exercise program. There was no documentation in the medical record of a prior TENS trial.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**H Wave stimulator unit:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines H Wave Stimulator Page(s): 117.

**Decision rationale:** The guidelines state H wave stimulation (HWT) is not recommended as an isolated intervention, a one month home-based trial may be considered as a noninvasive conservative option for 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 and medications plus transcutaneous electrical nerve stimulation (TENS). In this case, the guidelines do not recommend H-Wave Stimulation as an isolated therapeutic modality. In addition there is no documented TENS unit trial. Based on clinical information in the medical record and the absence of the TENS unit trial, in addition to the peer-reviewed evidence-based guidelines, HWT is not medically necessary.