

<b>Case Number:</b>	CM14-0112779		
<b>Date Assigned:</b>	08/01/2014	<b>Date of Injury:</b>	11/04/2010
<b>Decision Date:</b>	10/08/2014	<b>UR Denial Date:</b>	06/24/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	07/16/2014

### 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 Physical Medicine and Rehabilitation and is licensed to practice in Nevada. 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 records, presented for review, indicate that this 36 year old male was reportedly injured on November 4, 2010. The mechanism of injury was noted as trauma associated with defensive tactic training. The most recent progress note, dated June 2, 2014, indicated that there were ongoing complaints of shoulder pain. Two separate shoulder arthroscopic surgeries had been performed. The physical examination demonstrated a well-developed, well-nourished individual in no apparent distress, crepitus about passive range of motion of the right shoulder, arthroscopic scars were noted to be well healed, trigger points were palpated, full right shoulder range of motion was also noted. A follow up evaluation, dated June 23, 2014, noted a course of acupuncture had been completed, and that a transcutaneous electrical nerve stimulation (TENS) unit was tried and failed. Diagnostic imaging studies objectified chronic degenerative changes of the acromioclavicular joint, tendinosis of the infraspinatus, and postsurgical changes. A request was made for H wave unit and was not certified in the preauthorization process on June 24, 2014.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**DME - H-Wave Unit:** 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:** As outlined in the Medical Treatment Utilization Schedule (MTUS), this device is not recommended as an isolated intervention. It is also noted that a trial of simulation has not been successful in the physical therapy clinic. Therefore, there is insufficient data presented to support the necessity of such a device.