

<b>Case Number:</b>	CM14-0137527		
<b>Date Assigned:</b>	09/05/2014	<b>Date of Injury:</b>	01/31/2014
<b>Decision Date:</b>	10/02/2014	<b>UR Denial Date:</b>	08/08/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	08/25/2014

### 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 Occupational 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:

According to the records made available for review, this is a 27-year-old female with a 1/31/14 date of injury. At the time (7/8/14) of request for authorization for H-Wave TENS (transcutaneous electrical nerve stimulation) unit purchase, there is documentation of subjective (diminished pain, improving motion and function, and significant benefit from the H-wave vastly better than the TENS unit with immediate decrease in the need for Hydrocodone) and objective (improved left shoulder abduction and flexion, minimally positive left shoulder impingement sign, and spasms of the neck and paraspionous region) findings. The current diagnoses are thoracic strain and left shoulder impingement syndrome. The treatment to date includes completion of trial of H-wave unit, prior TENS unit therapy, medications, and physical therapy. In addition, medical report identifies significant improvement with the H-wave unit both in quality of activities of daily living and decreased need for analgesics. Furthermore, medical report identifies a request for permanent use of the H-wave unit. There is no documentation of chronic soft tissue inflammation and how often the unit was used.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**H-Wave TENS (transcutaneous electrical nerve stimulation) unit purchase:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines H-Wave Stimulation Section.

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

**Decision rationale:** 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 thoracic strain and left shoulder impingement syndrome. In addition, there is documentation of completion of H-wave unit trial used as an adjunct to a program of evidence-based functional restoration and a request for permanent use of the H-wave unit. Furthermore, there is documentation of failure of initially recommended conservative care, including recommended physical therapy (i.e., exercise) and medications, plus transcutaneous electrical nerve stimulation (TENS). Lastly, there is documentation of the effects and benefits of the one month trial in terms of pain relief and function. However, despite documentation of pain, there is no documentation of chronic soft tissue inflammation. In addition, there is no documentation of how often the unit was used. Furthermore, the proposed duration (permanent use) of the requested H-wave TENS unit purchase exceeds guidelines. Therefore, based on guidelines and a review of the evidence, the request for H-Wave TENS (transcutaneous electrical nerve stimulation) unit purchase is not medically necessary.