

<b>Case Number:</b>	CM14-0162644		
<b>Date Assigned:</b>	10/07/2014	<b>Date of Injury:</b>	09/25/2009
<b>Decision Date:</b>	11/10/2014	<b>UR Denial Date:</b>	09/25/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/03/2014

### 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, has a subspecialty in Pulmonary Diseases 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 is a 39 year old male. His date of injury was 09/25/2009, the mechanism of injury is not included in the medical record. His relevant diagnoses are bilateral shoulder pain, status post right shoulder rotator cuff repair, left shoulder rotator cuff tear, left shoulder impingement syndrome. His past treatments included home exercise program since at least 02/06/2013, 24 post op therapies as of 04/17/2013, TENS unit as of 11/07/2013 physician's progress report, and a 30 day trial of H wave on 06/12/2014. His pertinent diagnostics included a left shoulder MRI on 03/20/2012. The injured worker's pertinent surgical history included a right shoulder rotator cuff repair on 11/01/2010 and a 2nd right shoulder rotator cuff repair on 01/05/2012. He had complaints of pain rated at a 9/10 on 06/18/2014. His pertinent objective findings on 06/18/2014 were right shoulder forward flexion 110 degrees, abduction 85 degrees. Left shoulder forward flexion 65 degrees, abduction 65 degrees. This was compared to right shoulder forward flexion 140 degrees and abduction 103 degrees on 04/17/2013, and left shoulder forward flexion 140 degrees and abduction was 130 degrees on 07/11/2013. The left shoulder had compensatory damage so injury was later than injury on right shoulder. The medications prescribed were listed on 06/05/2014 as ibuprofen 600mg, soma 350mg, and nucynta 50mg. The treatment plan listed in the 09/10/2014 progress note included requesting authorization for physical therapy for both shoulders and a request to buy a newer h-wave unit, and continue above listed medications. The rationale listed for requesting purchase of newer h-wave unit was cited as the newer H-wave unit was more successful in bringing his pain level down to 4/10. The Request for Authorization for the H-wave unit was not noted in the medical record.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Permanent H Wave Unit for the bilateral shoulders:** 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 H-wave stimulation Page(s): 117-118.

**Decision rationale:** The request for Permanent H Wave Unit for the bilateral shoulders is not medically necessary. The injured worker had 2 right shoulder rotator cuff repairs and compensatory damage to left shoulder identified in MRI test on 03/20/2012. He had a trial of TENS unit use that was unsuccessful and was unable to continue with physical therapy due to pain. A trial of H wave unit use was started on 06/12/2014. His initial pain level was at an 8/10. After this 30 minute in office trial his pain was at a 4/10. On 06/18/2014, his initial pain level was 9/10 and after 30 minute trial with H-wave unit, he states his pain is 0/10. The California MTUS guidelines indicate that its use 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). The injured worker has tried and failed TENS unit use, is unable to continue with physical therapy related to his pain levels and is not currently participating in an evidence-based functional restoration program. As the patient is not participating in a evidence-based functional restoration program the request is not supported by the evidence based guidelines. As such, the request is not medically necessary.