

<b>Case Number:</b>	CM14-0024941		
<b>Date Assigned:</b>	06/13/2014	<b>Date of Injury:</b>	01/03/2013
<b>Decision Date:</b>	07/15/2014	<b>UR Denial Date:</b>	01/28/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	02/27/2014

### 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 injured worker is a 45 year-old male who was reportedly injured on 1/3/2013. The mechanism of injury is noted as slip and fall. The most recent progress note dated 12/17/2013, indicates that the claimant underwent left shoulder arthroscopic surgery on 9/13/2013 due to a rotator cuff tear. Physical examination demonstrated no swelling, normal sensation, 5/5 motor strength, neurovascular status intact, and full range of motion in his last visit. Diagnosis: left rotator cuff tear status post shoulder arthroscopy. Postoperative treatment included 36 visits of physical therapy as well as a trial of H-Wave which has helped decrease medications, improve sleep and reduce overall pain by 40%. A request had been made for purchase of H-wave unit for the left shoulder and was not certified in the utilization review on 1/28/2014.

### IMR ISSUES, DECISIONS AND RATIONALES

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

#### **PURCHASE OF H- WAVE UNIT FOR THE LEFT SHOULDER:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines H-WAVE STIMULATION (HWT) Page(s): 117-118.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines 8 C.C.R. 9792.20 - 9792.26. MTUS (Effective July 18, 2009) Page(s): 118.

**Decision rationale:** CA MTUS guidelines will support HWT (H-Wave Stimulation) greater than one month justified with documentation submitted for review. While H-Wave and other similar type devices can be useful for pain management, they are most successfully used as a tool in combination with functional improvement. The claimant has returned to full duty after his left shoulder surgery. Review of the medical records, documents normal range of motion without tenderness, swelling or weakness. Without further justification from his orthopedic surgeon, this request is not considered medically necessary.