

<b>Case Number:</b>	CM14-0025536		
<b>Date Assigned:</b>	06/13/2014	<b>Date of Injury:</b>	10/15/2012
<b>Decision Date:</b>	07/15/2014	<b>UR Denial Date:</b>	02/13/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	02/28/2014

### 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, has a subspecialty in Neuromuscular Medicine and is licensed to practice in Maryland. 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 patient is a 48 year old male who had a work injury dated 10/15/12. The patient currently has left shoulder pain. He is status post right shoulder arthroscopy proximal biceps tenodesis, open rotator cuff repair and acromioplasty and distal clavicle excision on 11/1/13. There is a 4/29/14 primary treating physician progress report that states that the patient with healing bilateral shoulder with arm weakness, which is improving. The treatment plan was to continue physical therapy and work on his home exercise program. There is a 1/8/13 document that states that a TENS unit has failed. The document states that a TEN unit was tried on 1/8/14 "and multiple times." in clinic and failed. Another document the same date from physical therapy on 1/8/14 states from the therapist that the patient would be a good candidate for a home TENS unit as he got relief in clinic. A 2/4/14 primary treating physician progress report states that the patient notes he is currently receiving H-wave therapy for the right shoulder and he says it is helpful. The treatment plan states that therefore, further documentation for the H wave will be signed if this is helpful. On examination the patient really has minimal-to-no tenderness over the right shoulder AC joint. No tenderness on the left shoulder acromioclavicular joint. He does report tenderness over the left shoulder proximal bicipital groove. Looking at the left arm though, it looks like he may have already degenerative proximal biceps tendon rupture with loss of fullness in the left biceps. Examination of the right shoulder shows range of motion to be 180 degrees and 80 degrees. On the left shoulder, he has negative Neer and negative Hawkins impingement sign. A 3/14/14 left shoulder MRI shows a near complete full thickness tear if noted with full thickness tear with partial thickness extending into the anterior insertion of the infraspinatus. Bicep tendon long head tear and traction.

## IMR ISSUES, DECISIONS AND RATIONALES

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

**RENTAL H-WAVE UNIT:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines H-wave stimulation (HWT) Page(s): 117-118.

**Decision rationale:** Rental of an H wave unit is not medically necessary per the California Medical Treatment Utilization Schedule (MTUS) Chronic Pain Medical Treatment Guidelines. The guidelines state that an H wave 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 (i.e., exercise) and medications, plus transcutaneous electrical nerve stimulation (TENS). The documentation indicates that the patient has not had failure from physical therapy. The documentation reveals conflicting results of the TENS unit trial in clinic. The physical therapist feels that the patient has had good results on the same date another document states the TENS unit failed in clinic. Furthermore, this documentation does not indicate other dates or documentation of TENS unit use and there is no evidence that the patient has tried this unit at home. The request for a rental of an H wave unit is not medically necessary.