

<b>Case Number:</b>	CM14-0036278		
<b>Date Assigned:</b>	06/25/2014	<b>Date of Injury:</b>	03/20/2006
<b>Decision Date:</b>	09/15/2014	<b>UR Denial Date:</b>	03/06/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	03/25/2014

### 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 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 55-year-old female was reportedly injured on March 20, 2006. The mechanism of injury is not listed in these records reviewed. The most recent progress note, dated February 2, 2014, indicates that there are ongoing complaints of left shoulder pain. The physical examination demonstrated improved range of motion of the left shoulder with abduction to 150 but still weakness with range of motion. Diagnostic imaging studies of the left shoulder indicated tendinosis. Previous treatment includes left shoulder surgery on November 14, 2013, and postoperative physical therapy. A request had been made for a 30 day home trial of an H wave unit and was not certified in the pre-authorization process on March 6, 2014.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**(30) day trial of H Wave unit for one month home use:** Upheld

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

**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): 117-118 OF 127.

**Decision rationale:** According to the California Chronic Pain Medical Treatment Guidelines the use of an H wave stimulator is an option only after following the failure of initial recommended conservative care including physical therapy. The most recent progress note dated February 2, 2014, indicates that the injured employee is still participating in physical therapy. Therefore this request for a one-month home-based H wave unit trial is not medically necessary.