

<b>Case Number:</b>	CM14-0036409		
<b>Date Assigned:</b>	06/25/2014	<b>Date of Injury:</b>	08/02/2012
<b>Decision Date:</b>	08/12/2014	<b>UR Denial Date:</b>	03/11/2014
<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 Anesthesiology, has a subspecialty in Pain Medicine and is licensed to practice in Texas. 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 44 year old male who reportedly injured his right shoulder on 08/02/12 when he was lifting a ramp and the chain broke and felt a sudden pull in his neck and shoulder. The records indicate the injured worker was attending physical therapy without significant improvement. Physical therapy progress report dated 08/27/12 noted that the injured worker has demonstrated mild improvement in cervical and right shoulder mobility and in tolerance to exercise, but active cervical and right shoulder movement is still very limited and painful. The therapist noted that an H-wave stimulator may be appropriate for home usage since the injured worker reports some pain relief following electrical stimulation. Magnetic resonance image (MRI) of the right shoulder on 09/26/12 revealed probable anterior labral tear; mild distal supraspinatus tendinosis with no rotator cuff tear; acromioclavicular joint abnormalities placing injured worker at mildly increased risk for acromioclavicular impingement. Cervical MRI of the same date revealed degenerative disc disease from C2-3 to C6-7; no central spinal stenosis; mild neural foraminal narrowing at several levels. PR-2 progress report dated 10/19/12 noted that the injured worker presented with chief complaint of shoulder pain. Current medications were listed as Norco and Flexeril. On examination the injured worker exhibited decreased range of motion, tenderness, pain and spasm of the right shoulder, as well as decreased range of motion and tenderness of the cervical spine. The injured worker is status post right shoulder arthroscopy on 02/11/13.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Durable medical equipment: RETROSPECTIVE REQUEST FOR PURCHASE OF e1399 h- WAVE SYSTEM dos 10/24/2012: Upheld**

**Claims Administrator guideline:** Decision based on MTUS ACOEM.

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

**Decision rationale:** The records indicate that the injured worker reported some pain relief following electrical stimulation component in the clinic. The extent and duration of relief is not documented. There is no indication that the injured worker had a 30-day home trial of H-wave or that there had been failure of conservative care. Moreover, there is no evidence that H-Wave is more effective as an initial treatment when compared to TENS (transcutaneous electrical nerve stimulation) for analgesic effects. Based on the clinical information provided, the retrospective request for purchase of E1399 H-wave system dos 10/24/2012 is not medically necessary.