

<b>Case Number:</b>	CM14-0037598		
<b>Date Assigned:</b>	06/25/2014	<b>Date of Injury:</b>	07/29/2010
<b>Decision Date:</b>	12/24/2014	<b>UR Denial Date:</b>	03/17/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	03/28/2014

### 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 Occupational Medicine, 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:

Per the utilization form the injured worker is a 56 year old female who was injured while working on July 29, 2010. A result of this injury consisted of an increase in right shoulder pain and cervical spine involvement. Progress report dated March 10, 2014 showed right anterior shoulder and right levator scapula tenderness to deep palpation. Range of motion to the right shoulder was decreased when compared to the left. Pertinent diagnosis include status post right shoulder rotator cuff repair, decompression, distal clavicle excision, biceps tenodesis, progressive pain, rule out recurrent tear, secondary cervical strain probable underlying degenerative disease, right cervical radicular syndrome, post op rotator cuff repair, and cervical spine-radiculopathy. Treatment modalities included H wave trial, cortisone injections, ibuprofen and Vicodin. Ultrasound of the right shoulder showed evidence of chronic and old rotator cuff tendon changes. As of March 10, 2014, the injured worker was working full time on restrictive duty. Treatment plans included self-directed therapy, continuation of thirty day H wave trial, anti-inflammatory medication, as well as Vicodin. Utilization review dated March 17, 2014 denied the use of H wave stimulation due to being an isolated intervention.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Home H-wave device one month home use 60 minutes daily:** 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 Page(s): 117-118.

**Decision rationale:** The MTUS does not recommended H-wave stimulators as an isolated intervention. There is no evidence that H-Wave is more effective as an initial treatment when compared to TENS for analgesic effects. A randomized controlled trial comparing analgesic effects of H-wave therapy and TENS on pain threshold found that there were no differences between the different modalities or HWT frequencies. Home H-wave device one month home use 60 minutes daily is not medically necessary.