

<b>Case Number:</b>	CM14-0041695		
<b>Date Assigned:</b>	06/30/2014	<b>Date of Injury:</b>	08/19/2013
<b>Decision Date:</b>	08/26/2014	<b>UR Denial Date:</b>	03/18/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	04/07/2014

### 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 Management, and is licensed to practice in Tennessee. 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:

This is a 47-year-old female with a n 8/19/13 date of injury to the right shoulder, elbows, and wrist while picking up buckets. She was seen on 11/1/13 and was given a diagnosis of adhesive capsulitis, lateral epicondylitis, wrist tendinitis, and CTS. Plain films of the right shoulder revealed DJD. She had physical therapy and reported physical therapy was helpful on a visit dated 12/13/13. On a visit dated 1/10/14 an MRI reveled tendinosis and a superior labral tear. She continued physical therapy. On 3/11/14 she was again seen and an H wave unit was requested. Treatment to date includes: physical therapy, medication. The UR decision dated 3/18/14 denied the request given the patient had not yet tried a TENS unit.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**H-Wave:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines H-wave stimulation Page(s): 148.

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

**Decision rationale:** CA MTUS states that a one-month home-based trial of H-wave stimulation may be indicated with chronic soft tissue inflammation and when H-wave therapy will be used as

an adjunct to a method of functional restoration, and only following failure of initial conservative care, including recommended physical therapy and medications, plus transcutaneous electrical nerve stimulation (TENS). There is a lack of documentation regarding whether the patient has tried a TENS unit to date. She also reported improvements with physical therapy, her conservative management. The rationale for the H-wave unit at this time is thus not clear. Therefore, the request for an H- wave unit is not medically necessary.