

<b>Case Number:</b>	CM14-0068629		
<b>Date Assigned:</b>	07/14/2014	<b>Date of Injury:</b>	05/11/2011
<b>Decision Date:</b>	08/11/2014	<b>UR Denial Date:</b>	05/05/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	05/13/2014

### 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 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:

This patient sustained an injury on 5/11/11 while employed by [REDACTED]. Request(s) under consideration include DME: H-wave and PT x 12, right shoulder. Diagnoses included Shoulder Rotator Cuff Syndrome & Allied Disorders and Shoulder Adhesive Capsulitis. Report of 5/21/14 from the provider noted patient with continued pain in shoulder s/p arthroscopic capsular release on 1/21/14. Exam of right shoulder showed well-healed incision; no swelling or grinding; flex/ER/IR of 140/30/to L5 degrees with abduction and internal rotation strength of 5/5. Treatment noted patient needing to continue with his home exercise program and strengthening program; no indication for corticosteroid injection and refill of Norco. The neurosurgical consultation report of 6/2/14 noted patient with low back pain that radiates to left leg rated at 7-9/10 with intermittent numbness and weakness; and right shoulder pain s/p two shoulder surgeries with better mobility after the second on 1/21/14. Medications list Hydrocodone, Neurontin, Metformin, Glipizide, and Simvastatin. Exam showed immobility of right shoulder with shoulder range of abduction on right of 110 degrees and left to 160 degrees and forward flexion of 110 degrees; no myelopathy; normal reflexes; low back tenderness at base of spine; positive SLR on left producing mostly axial back pain; not radicular symptoms; subjective numbness at L5; no weakness; with fluid hip and knee movements. MRI of the lumbar spine dated 8/24/11 showed possible pars defect at L5 with very mild degenerative changes; and no high grade central or foraminal stenosis. Impression stated Chronic back pain with unverified left leg radicular symptoms with last MRI in 2011 is fairly negative. No emergent treatment recommended except for possible CT scan. Request(s) for DME: H-wave and PT x 12, right shoulder were not medically necessary on 5/5/14 citing guidelines criteria and lack of medical necessity.

## IMR ISSUES, DECISIONS AND RATIONALES

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

**DME: H-wave:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines. Decision based on Non-MTUS Citation Official Disability Guidelines, Shoulder.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Transcutaneous Electrotherapy, H-Wave Stimulation, pages 115-118 Page(s): 115-118.

**Decision rationale:** This patient sustained an injury on 5/11/11 while employed by [REDACTED]. Request(s) under consideration include DME: H-wave and PT x 12, right shoulder. Diagnoses included Shoulder Rotator Cuff Syndrome & Allied Disorders and Shoulder Adhesive Capsulitis. Report of 5/21/14 from the provider noted patient with continued pain in shoulder s/p arthroscopic capsular release on 1/21/14. Exam of right shoulder showed well-healed incision; no swelling or grinding; flex/ER/IR of 140/30/to L5 degrees with abduction and internal rotation strength of 5/5. Treatment noted patient needing to continue with his home exercise program and strengthening program; no indication for corticosteroid injection and refill of Norco. Neurosurgical consultation report of 6/2/14 noted patient with low back pain that radiates to left leg rated at 7-9/10 with intermittent numbness and weakness; and right shoulder pain s/p two shoulder surgeries with better mobility after the second on 1/21/14. Medications list Hydrocodone, Neurontin, Metformin, Glipizide, and Simvastatin. Exam showed immobility of right shoulder with shoulder range of abduction on right of 110 degrees and left to 160 degrees and forward flexion of 110 degrees; no myelopathy; normal reflexes; low back tenderness at base of spine; positive SLR on left producing mostly axial back pain; not radicular symptoms; subjective numbness at L5; no weakness; with fluid hip and knee movements. MRI of the lumbar spine dated 8/24/11 showed possible pars defect at L5 with very mild degenerative changes; and no high grade central or foraminal stenosis. Impression stated Chronic back pain with unverified left leg radicular symptoms with last MRI in 2011 is fairly negative. No emergent treatment recommended except for possible CT scan for possible pars defect. There is no documented failed trial of TENS use. Per guidelines, H-wave is not recommended as an isolated intervention, but a one-month home-based trial of H-Wave stimulation may be considered as a noninvasive conservative option for diabetic neuropathic pain or 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) which have not been demonstrated. There is no clinical exam documented with neurological deficits nor are there specifics of what subjective complaints, limitations in ADL, or failed attempts with previous conservative treatments to support for the H-wave unit, not recommended as a first-line approach. Submitted reports have not demonstrated having met these criteria nor is the patient participating in any therapy as part of the functional restoration program. The DME: H-wave is not medically necessary and appropriate.

**PT x 12, right shoulder:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines, Postsurgical Treatment Guidelines. Decision based on Non-MTUS Citation Official Disability Guidelines, Shoulder.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Post-surgical Therapy for Shoulder, Adhesive capsulitis (ICD9 726.0): Postsurgical treatment: 24 visits over 14 weeks. Postsurgical physical medicine treatment period: 6 months Physical Therapy, pages 98-99, Physical Medicine Guidelines -Allow for fading of treatment frequency (from up to 3 visits per week to 1 or less), plus active self-directed home Physical Medicine. Myalgia and myositis, unspecified (ICD9 729.1): 9-10 visits over 8 weeks Neuralgia, neuritis, and radiculitis, unspecified (ICD9 729.2) 8-10 visits over 4 weeks Page(s): 98-99.

**Decision rationale:** This patient sustained an injury on 5/11/11 while employed by [REDACTED]. Request(s) under consideration include DME: H-wave and PT x 12, right shoulder. Diagnoses included Shoulder Rotator Cuff Syndrome & Allied Disorders and Shoulder Adhesive Capsulitis. Report of 5/21/14 from the provider noted patient with continued pain in shoulder s/p arthroscopic capsular release on 1/21/14. Exam of right shoulder showed well-healed incision; no swelling or grinding; flex/ER/IR of 140/30/to L5 degrees with abduction and internal rotation strength of 5/5. Treatment noted patient needing to continue with his home exercise program and strengthening program; no indication for corticosteroid injection and refill of Norco. Neurosurgical consultation report of 6/2/14 noted patient with low back pain that radiates to left leg rated at 7-9/10 with intermittent numbness and weakness; and right shoulder pain s/p two shoulder surgeries with better mobility after the second on 1/21/14. Medications list Hydrocodone, Neurontin, Metformin, Glipizide, and Simvastatin. Exam showed immobility of right shoulder with shoulder range of abduction on right of 110 degrees and left to 160 degrees and forward flexion of 110 degrees; no myelopathy; normal reflexes; low back tenderness at base of spine; positive SLR on left producing mostly axial back pain; not radicular symptoms; subjective numbness at L5; no weakness; with fluid hip and knee movements. MRI of the lumbar spine dated 8/24/11 showed possible pars defect at L5 with very mild degenerative changes; and no high grade central or foraminal stenosis. Impression stated Chronic back pain with unverified left leg radicular symptoms with last MRI in 2011 is fairly negative. No emergent treatment recommended except for possible CT scan for possible pars defect. Physical therapy report of 5/8/14 noted the patient had 12 PT visits with 6 cancelled with shoulder abd/flex of 105/135 degrees. PT report of 5/15/14 noted patient completed 19 visits with 6 cancelled and range of shoulder abd/flex 105/137 degrees. The Chronic Pain Guidelines allow for physical therapy with fading of treatment to an independent self-directed home program. The employee has completed at least 19 PT visits with 6 cancelled the arthroscopic shoulder capsular release of 1/21/14 over 6 months ago and has appeared to plateau in shoulder range of motion and function per physical therapy report without further demonstrated evidence of functional improvement to allow for additional therapy treatments. It appears the employee has received significant therapy sessions without demonstrated evidence of functional improvement to allow for additional therapy treatments. There is no report of acute flare-up, new injuries, or change in symptom or clinical findings to support for formal PT in a patient that has been instructed on a home exercise program for this chronic injury. Submitted reports have not adequately demonstrated the indication to support further physical therapy. The provider has also noted the patient should continue the home exercise program. Chronic Pain Guidelines, post-operative

therapy allow for 24 visits over 14 weeks for arthroscopic shoulder capsular release with postsurgical physical medicine treatment period of 6 months. Submitted reports have not adequately demonstrated the indication to support further physical therapy beyond the guidelines criteria. The PT x 12, right shoulder is not medically necessary and appropriate.