

<b>Case Number:</b>	CM14-0082141		
<b>Date Assigned:</b>	07/21/2014	<b>Date of Injury:</b>	12/04/2013
<b>Decision Date:</b>	09/16/2014	<b>UR Denial Date:</b>	05/27/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	06/03/2014

### 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:

The patient is a 60-year-old female who has submitted a claim for proximal humerus fracture associated with an industrial injury date of December 4, 2013. Medical records from 2014 were reviewed, which showed that the patient complained of pain, impaired range of motion and impaired activities of daily living. Treatment to date has included: Physical therapy, exercise, trial of TENS and medications. All of these had been tried without significant benefit. Last March 4, 2014, a 30-day evaluation trial of the H-wave Homecare System prescribed two times per day at 30-60 minutes per treatment as needed for pain starting was performed. The treatment goals identified were: To reduce and/or eliminate pain, reduce or prevent the need for oral medications, decrease or prevent muscle spasm and muscle atrophy, improve functional capacity and activities of daily living, improve circulation and decrease congestion in the injured region and to provide a self-management tool to the patient. After the trial, the patient was found to have a decreased need for oral medication, an ability to perform more activities and greater overall function. Reduction of pain ascribed to the device was 60%. Utilization review from May 27, 2014 denied the request for H-wave device purchase for the right shoulder because neither the chart nor guidelines support its use.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**H-Wave device purchase for the right shoulder:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines H wave stimulation, Transcutaneous electrotherapy Page(s): 115, 117. Decision based on Non-MTUS Citation Official Disability Guidelines: TENS, Chronic Pain, Transcutaneous electrical stimulation and European Federation of Neurological Societies: TENS , Criteria for the use of TENS.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines H-wave stimulation Page(s): 117-120.

**Decision rationale:** According to pages 117-120 of CA MTUS Chronic Pain Treatment Guidelines H-Wave stimulation 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. It should be 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). There is no evidence that H-Wave is more effective as an initial treatment when compared to TENS for analgesic effects. One-month HWT trial may be appropriate when the above criteria are met. In this case, the patient had a 30-day trial of H-wave stimulation for pain secondary to her fractured humerus after physical therapy, medications and a trial of TENS failed. The patient improved significantly after the trial in terms of a decreased need for oral medications to manage pain, and improved ability to perform activities and greater overall function. However, it is not clear from the chart how frequent the device was actually used or whether alternative therapies were used in conjunction. The prior trial of other conservative therapy was also not properly documented. Moreover, there is no evidence from the records that the device will be used in conjunction to an exercise program as the guidelines do not recommend H-wave as an isolated intervention. Finally, it is not clear why there is a need to purchase the device as opposed to a rental. Therefore the request for for H-Wave device purchase for the right shoulder is not medically necessary.