

<b>Case Number:</b>	CM14-0189890		
<b>Date Assigned:</b>	11/21/2014	<b>Date of Injury:</b>	03/09/2010
<b>Decision Date:</b>	01/08/2015	<b>UR Denial Date:</b>	10/17/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	11/13/2014

### 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:

The injured worker is a thirty-six year old male who sustained a work-related injury on March 9, 2010. A request for an H-wave purchase for the right shoulder was non-certified in Utilization Review (UR). The UR physician utilized the California (CA) MTUS guidelines to evaluate the request. The CA MTUS does not recommend H-wave stimulation as an isolated intervention. In addition CA MTUS recommends that H-wave stimulation can be used as a noninvasive conservative option 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 and medications, plus TENS. The evaluating physician determined that upon review of the submitted documentation that there was inadequate documentation to support that the injured worker had an unsuccessful TENS Unit trial. In addition, the documentation did not support any functional improvement with use of the H-wave. A request for independent medical review was initiated on November 13, 2014. A review of documentation submitted for independent medical review included a physician's progress report dated May 9, 2014 which revealed that the injured worker complained of significant discomfort and slight swelling over the supraclavicular notch on the right side. The physician documented that the injured worker had gained 50% improvement with the initial treatment; however the documentation did not provide specific details of any function improvement gained from the treatment or the H-wave. The evaluating physician recommended that the injured worker continue with the current medications and continue utilizing the H-wave. The physician recommended referrals to a psychologist, to a neurosurgeon and to an orthopedic physician. A physician's report dated September 17, 2014 revealed that the injured worker complained of constant pain in his shoulder. The pain was described as aching, burning, numbing and sharp. The pain radiated to his right head, right shoulder, right upper arm, right hand, right fingers and right upper extremity. The

injured worker described the pain as a 4-10 on a 10 point scale. Previous treatment modalities were identified as Physical Therapy, Acupuncture and Neurosurgical evaluations. There was no documentation of the functional gains from the injured worker's previous therapy. The evaluating physician's recommendations on September 17, 2014 included a one month trial of the RS4 interferential current stimulation, continuation of physical therapy and a re-trial of acupuncture. Report of 10/6/14 noted chronic ongoing pain, swelling, and muscle spasm with loss of sleep and functional limitation. A 30-day H-wave trial was reported to have been beneficial with increased function, mobility and decreased pain and swelling.

### **IMR ISSUES, DECISIONS AND RATIONALES**

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

**Purchase of Home H-wave for the right shoulder:** 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 Transcutaneous Electrotherapy, H-Wave Stimulation Page(s): 115-118.

**Decision rationale:** Submitted reports have not provided specific medication name or what decreasing dose has been made as a result of the H-wave unit trial. There is no change in work status or functional improvement demonstrated to support for the purchase of this unit. The MTUS guidelines recommend a one-month HWT rental trial to be appropriate to permit the physician and provider licensed to provide physical therapy to study the effects and benefits, and it should be documented (as an adjunct to ongoing treatment modalities within a functional restoration approach) as to how often the unit was used, as well as outcomes in terms of pain relief and function. The patient has underwent a one month H-wave use without any documented consistent pain relief in terms of decreasing medication dosing and clear specific objective functional improvement in ADLs have not been demonstrated. Per reports from the provider, the patient still exhibited persistent subjective pain complaints and impaired ADLs for this injury of March 2010. There is no documented failed trial of TENS unit nor any indication the patient is participating in a home exercise program for adjunctive exercise towards a functional restoration approach. The patient's work status has remained unchanged. The Purchase of Home H-wave for the right shoulder is not medically necessary and appropriate.