

<b>Case Number:</b>	CM14-0197840		
<b>Date Assigned:</b>	12/08/2014	<b>Date of Injury:</b>	07/06/2012
<b>Decision Date:</b>	01/21/2015	<b>UR Denial Date:</b>	10/21/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	11/25/2014

### 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 Rehab, has a subspecialty in ENTER SUBSPECIALTY and is licensed to practice in ENTER STATE. 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 case involves a 47-year-old female who has submitted a claim for right shoulder pain associated with an industrial injury date of July 6, 2012. Medical records from 2014 were reviewed and the patient complained of right shoulder pain. Physical examination showed limited motion and tenderness and the patient was given access to use H-wave device for 29 days. She had reported increased activities in daily living and decreased medication intake. There was a decrease in pain severity by 50%. The documented goals for H-wave are to reduce pain, to reduce the need for oral medications, to prevent muscle atrophy, and improve functional activities. Treatment to date has included shoulder arthroscopy, cortisone injection into the shoulder, physical therapy, and medications. The utilization review from October 21, 2000 denied the request for H-wave unit for purchase because of no documentation concerning objective clinical improvement with its use.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**H Wave Unit Purchase:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines H-Wave Unit.

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

**Decision rationale:** As stated on pages 117-118 of CA MTUS Chronic Pain Medical Treatment Guidelines, H-wave stimulation (HWT) is not recommended as an isolated intervention, but a trial may be considered as a non-invasive conservative option for chronic soft tissue inflammation if used as an adjunct to a program of evidence-based functional restoration. There is no evidence that H-wave is more effective as an initial treatment when compared to TENS for analgesic effects. In this case, the patient complained of right shoulder pain. Physical examination showed limited motion and tenderness. Symptoms persisted despite shoulder arthroscopy, cortisone injection into the shoulder, physical therapy, and medications. The patient was given access to use H-wave device for 29 days. She had reported increased activities in daily living and decreased medication intake as well as a decrease in pain severity by 50%. The documented goals for H-wave are to reduce pain, to reduce the need for oral medications, to prevent muscle atrophy, and improve functional activities. However, there is no evidence that the patient is still continuing her exercise program; H-wave is not recommended as a solitary mode of treatment modality. The guideline criteria are not met; therefore, the request for purchase of H-wave unit is not medically necessary.