

<b>Case Number:</b>	CM15-0016370		
<b>Date Assigned:</b>	02/04/2015	<b>Date of Injury:</b>	09/24/2014
<b>Decision Date:</b>	04/02/2015	<b>UR Denial Date:</b>	01/22/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	01/28/2015

### 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. 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/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:  
 State(s) of Licensure: California  
 Certification(s)/Specialty: Internal Medicine

### 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 64 year old woman sustained an industrial injury on 9/24/2014 when she was jarred in the right shoulder by an IV pole while trying to reach an ice pack. Current diagnoses include right shoulder pain and weakness, symptomatic right acromioclavicular osteoarthritis, and probable right shoulder partial rotator cuff tear. Treatment has included oral medications, physical therapy, transcutaneous nerve stimulator, and ultrasound. Physician notes dated 1/2/2015 show complaints of right shoulder pain that radiates to the hand, popping and grinding. The worker received a right shoulder cortisone injection at the visit. H-wave patient compliance notes dated 9/24/2014, after 22 days of service, noted the H-wave treatment helped more than prior treatments, the worker was able to decrease medication, was able to decrease pain levels in the shoulder, walk farther, sit longer, and sleep better. On 1/22/2015, Utilization Review evaluated a prescription for homer H-wave device purchase that was submitted on 1/28/2015. The UR physician noted that the worker did not have documentation of a diagnosis of diabetic peripheral neuropathic pain or soft tissue inflammation. The device is not recommended for treatment of any other diagnoses. Further, it is not recommended as an isolated intervention. The MTUS, ACOEM Guidelines, (or ODG) was cited. The request was denied and subsequently appealed to Independent Medical Review.

### IMR ISSUES, DECISIONS AND RATIONALES

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

## **Purchase of a Home H-Wave Device: Upheld**

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

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints Page(s): 203, Chronic Pain Treatment Guidelines Transcutaneous electrotherapy Pages 114-118 H-Wave stimulation (HWT) Pages 51, 117-118. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Shoulder (Acute & Chronic) Electrical stimulation. ACOEM 3rd Edition. Shoulder disorders. In: Hegmann KT, editor(s). Occupational medicine practice guidelines. Evaluation and management of common health problems and functional recovery in workers. 3rd ed. Elk Grove Village (IL): American College of Occupational and Environmental Medicine (ACOEM); 2011. p. 1-297. Table 2. Summary of Recommendations for Managing Shoulder Disorders. <http://www.guideline.gov/content.aspx?id=36626>.

**Decision rationale:** Medical Treatment Utilization Schedule (MTUS) addresses transcutaneous electrotherapy. Medical Treatment Utilization Schedule (MTUS) Chronic Pain Medical Treatment Guidelines indicates that H-wave stimulation (HWT) is not recommended as an isolated intervention. American College of Occupational and Environmental Medicine (ACOEM) 2nd Edition (2004) Chapter 9 Shoulder Complaints (Page 203) indicates that physical modalities, such as massage, diathermy, cutaneous laser treatment, ultrasound treatment, transcutaneous electrical neurostimulation (TENS) units, and biofeedback are not supported by high-quality medical studies. Official Disability Guidelines (ODG) Shoulder (Acute & Chronic) indicates that electrical stimulation is not recommended. For several physical therapy interventions and indications (eg, electrical stimulation) there was a lack of evidence regarding efficacy. ACOEM 3rd Edition (2011) does not recommend H-wave stimulation for shoulder disorders. The medical records document a history of right shoulder complaints. MTUS, ACOEM, and ODG guidelines do not support the request for an H-wave device. Therefore, the request for an H-wave device is not medically necessary.