

<b>Case Number:</b>	CM15-0130390		
<b>Date Assigned:</b>	07/16/2015	<b>Date of Injury:</b>	07/07/2014
<b>Decision Date:</b>	08/18/2015	<b>UR Denial Date:</b>	06/10/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	07/06/2015

### 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, Texas, Florida

Certification(s)/Specialty: Anesthesiology, Pain Management, Hospice & Palliative 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 is a 54 year old male with a July 7, 2014 date of injury. A progress note dated May 7, 2015 documents subjective complaints (positional pain at nighttime which ranges up to a 2/10; reaching with left arm increases left shoulder pain), objective findings (decreased range of motion of the cervical spine; mild tenderness to palpation over the left biceps tendon; decreased range of motion of the left shoulder; positive Hawken's test), and current diagnoses (left shoulder rotator cuff tendinopathy; acromioclavicular joint hypertrophy; left shoulder impingement; anterior/superior glenoid labrum blunting). Treatments to date have included medications, physical therapy, injections, and acupuncture. The treating physician documented a plan of care that included a home H-wave device for one month for the bilateral shoulders.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Home h-wave device for 1 month use for the bilateral shoulder:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines HWT.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines H-wave stimulation Page(s): 114, 117-118.

**Decision rationale:** Regarding the request for H-wave unit, Chronic Pain Medical Treatment Guidelines state that electrotherapy represents the therapeutic use of electricity and is another modality that can be used in the treatment of pain. Guidelines go on to state that 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 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 transcutaneous electrical nerve stimulation. Within the documentation there is no indication that the patient has undergone a 30 day tens unit trial as recommended by guidelines. There is no statement indicating how frequently the tens unit was used, and what the outcome of that tens unit trial was for this specific patient. In the absence of such documentation, the currently requested H wave device is not medically necessary.