

<b>Case Number:</b>	CM15-0149412		
<b>Date Assigned:</b>	08/12/2015	<b>Date of Injury:</b>	03/19/2014
<b>Decision Date:</b>	09/09/2015	<b>UR Denial Date:</b>	07/22/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	07/31/2015

### 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: Physical Medicine & Rehabilitation, Pain Management

### 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 52 year old man sustained an industrial injury on 3-19-2014. The mechanism of injury is not detailed. Diagnoses include rotator cuff sprain-strain, adhesive capsulitis of the shoulder, and other affections of the shoulder region. Treatment has included oral medications, physical therapy, home exercise program, cold therapy unit, TENS unit therapy, and surgical intervention. Physician notes dated 6-5-2015 show complaints of left shoulder pain. Recommendations include 30-day trial of H-wave therapy, continue physical therapy, continue home exercise program, heat, ice, and follow up in six weeks.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**H-wave 30 day home trial:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Pain, H-wave stimulation (HWT).

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines x 8 C.C.R. 9792.20 - 9792.26 MTUS (Effective July 18, 2009) Page(s): 114-118 of 127.

**Decision rationale:** Regarding the request for H-wave trial, 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 of a diagnosis for which H-Wave is supported. Furthermore, while prior use of TENS is mentioned, there is no indication that the patient has undergone a formal one-month TENS unit trial as recommended by guidelines including documentation of how often the unit was used and outcomes in terms of pain relief, functional improvement, and medication usage. In the absence of such documentation, the currently requested H-wave trial is not medically necessary.