

<b>Case Number:</b>	CM15-0166262		
<b>Date Assigned:</b>	09/03/2015	<b>Date of Injury:</b>	11/04/2010
<b>Decision Date:</b>	10/06/2015	<b>UR Denial Date:</b>	08/05/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	08/24/2015

### 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: Emergency 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:

The injured worker is a 57-year-old male who sustained a work related injury November 4, 2010. Past history included left shoulder surgery, rotator cuff repair, and hypertension. A report of an MRI of the left shoulder, dated November 10, 2014, is present in the medical record. A radiological consultation report of the left shoulder MRI, dated March 24, 2015, is present in the medical record. On March 30, 2015, he underwent an arthroscopic repair of a massive rotator cuff tear, shoulder lysis of adhesions, chondroplasty and labral debridement, subacromial decompression and bursectomy; left shoulder arthroscopic Mumford. According to a primary treating physician's progress report dated July 17, 2015, the injured worker presented for follow-up. He has been utilizing an H-wave unit at no cost on trial from May 14-June 22, 2015 for his left shoulder. He reports he is able to perform more activities and greater overall function with the use of this device and a 50% reduction in pain. Prior treatment included a TENS (transcutaneous electrical nerve stimulation) unit, physical therapy and medication. His current schedule with the H-wave unit was once a day for less than 30 minutes a session, 7 days a week. Diagnoses are rotator cuff (capsule) sprain; participial tenosynovitis. At issue, is a request for authorization for an H-wave device purchase.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Home H-Wave Device Purchase:** Overturned

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

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

**Decision rationale:** The requested Home H-Wave Device Purchase is medically necessary. CA MTUS Chronic Pain Treatment Guidelines, Pages 117-118, H-Wave Stimulation (HWT), noted that H-wave 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 (i.e., exercise) and medications, plus transcutaneous electrical nerve stimulation (TENS)." The injured worker has been utilizing an H-wave unit at no cost on trial from May 14-June 22, 2015 for his left shoulder. He reports he is able to perform more activities and greater overall function with the use of this device and a 50% reduction in pain. The treating physician has documented sufficient functional improvement from a trial use of this device to warrant continued use. The criteria noted above having been met, Home H-Wave Device Purchase is medically necessary.