

<b>Case Number:</b>	CM15-0184667		
<b>Date Assigned:</b>	09/25/2015	<b>Date of Injury:</b>	03/06/2014
<b>Decision Date:</b>	10/30/2015	<b>UR Denial Date:</b>	08/26/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	09/21/2015

### 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: Massachusetts

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:

The injured worker is a 25 year old male, who sustained an industrial injury on 03-06-2014. The injured worker is currently temporarily totally disabled. Medical records indicated that the injured worker is undergoing treatment for right shoulder status post arthroscopic labral debridement, subacromial decompression, Mumford procedure. Treatment and diagnostics to date has included right shoulder MRI, right shoulder surgery, physical therapy, and use of H-wave device. After review of progress notes dated 07-09-2015 and 08-13-2015, the injured worker presented for re-evaluation of right shoulder injury. The treating physician noted on 08-13-2015 that the injured worker is three months status post surgery and the injured worker stated he is "doing well" with "some complaints of soreness". Objective findings included decreased right shoulder range of motion. A patient compliance and outcome report for the H-wave device dated 08-13-2015 stated that the injured worker was able to decrease his medication with improved range of motion to his right shoulder while using the H-wave. The request for authorization dated 08-18-2015 requested home H-wave device for purchase. The Utilization Review with a decision date of 08-26-2015 non-certified the request for 1 home H-wave device.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**1 home H-wave device:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Transcutaneous electrotherapy.

**Decision rationale:** The claimant sustained a work injury in March 2014 when he dislocated his shoulder while carrying a large roll of fabric and underwent arthroscopic right subacromial decompression with labral debridement on 05/05/15 and as of 08/13/15 there had been completion of 16 postoperative therapy sessions which had included interferential stimulation. A narrative report dated 08/18/15 was provided. He had a trial of home based H-wave use from 07/07/15 to 08/13/15. He reported an 85% decrease in pain and was using the unit three times per day. Prior treatments referenced were physical therapy, medications, and TENS. H-wave stimulation is not recommended as an isolated intervention. Guidelines recommend that a one-month home-based trial may be considered as a noninvasive conservative option following failure of initially recommended conservative care, including recommended physical therapy, medications, and transcutaneous electrical nerve stimulation (TENS). In this case, also use of TENS is referenced, the claimant received interferential treatments during therapy and there is no evidence of an actual trial of TENS use. For this reason, the request is not accepted as being medically necessary.