

<b>Case Number:</b>	CM15-0189592		
<b>Date Assigned:</b>	10/01/2015	<b>Date of Injury:</b>	05/01/2013
<b>Decision Date:</b>	11/09/2015	<b>UR Denial Date:</b>	09/10/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	09/25/2015

### 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: Texas, Florida, California

Certification(s)/Specialty: Preventive Medicine, Occupational 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 53-year-old male with a date of industrial injury 5-1-2013. The medical records indicated the injured worker (IW) was treated for status post left arthroscopic subacromial decompression, Mumford procedure and rotator cuff repair; and left knee mild degenerative arthrosis with possible lateral patellar facet overload or trochlear injury. In the progress notes (6-1-15), no subjective complaints were noted. He was continuing physical therapy after left shoulder surgery. On examination (6-1-15 notes), the IW had 120 degrees of active assisted forward flexion while supine and 30 degrees at his side. He was able to get about 95 degrees of forward flexion actively. He had significant scapular dyskinesis. He had effective pain relief during his H-Wave trial from 5-21-15 to 7-16-15. Treatments included anti-inflammatories, physical therapy and injections. Left rotator cuff surgery was performed on 4-17-15. A Request for Authorization was received for a home H-Wave device, purchase or indefinite use. The Utilization Review on 9-10-15 non-certified the request for a home H-Wave device, purchase or indefinite use.

### 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/indefinite use of one device to be used in 30-60 minutes sessions as-needed:** 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 MTUS notes that TENS such as H-wave are not recommended as a primary treatment modality, but a one-month home-based TENS trial may be considered as a noninvasive conservative option, if used as an adjunct to a program of evidence-based functional restoration, for the conditions described below. Neuropathic pain: Some evidence (Chong, 2003), including diabetic neuropathy (Spruce, 2002) and post-herpetic neuralgia. (Niv, 2005) Phantom limb pain and CRPS II: Some evidence to support use. (Finsen, 1988) (Lundeberg, 1985)- Spasticity: TENS may be a supplement to medical treatment in the management of spasticity in spinal cord injury. (Aydin, 2005)- Multiple sclerosis (MS): While TENS does not appear to be effective in reducing spasticity in MS patients it may be useful in treating MS patients with pain and muscle spasm. (Miller, 2007) I did not find in these records that the claimant had these conditions. Moreover, regarding H-wave stimulation, the California MTUS Chronic Pain section further note: H-wave stimulation (HWT) Not recommended as an isolated intervention. The device may be tried if there is a chronic soft tissue inflammation if used: as an adjunct to a program of evidence-based functional restoration, only following failure of initially recommended conservative care, including recommended physical therapy (i.e., exercise) and medications, plus transcutaneous electrical nerve stimulation (TENS). I was not able to verify that all criteria were met for H-wave purchase It is not clear it is an adjunct for an evidence-based functional restoration program. The request was not medically necessary under MTUS criteria.