

<b>Case Number:</b>	CM15-0191979		
<b>Date Assigned:</b>	10/06/2015	<b>Date of Injury:</b>	03/18/2011
<b>Decision Date:</b>	11/18/2015	<b>UR Denial Date:</b>	09/01/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	09/29/2015

### 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

### 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 52-year-old male who sustained an industrial injury on 3-18-2011. Diagnoses have included shoulder contusion and sprain, internal derangement, left shoulder labral tear, and he is status post left shoulder arthroscopy performed 12-16-2014. The last MRI noted was 5-17-2013 showing labral tear, tendinopathy, and partial thickness tearing of the supraspinatus and mild tendinopathy of the subscapularis. Documented treatment includes post-surgery physical therapy, home exercise with "range of motion improving," noted in 8-26-2015 note, and medication including Naproxen, Prilosec for gastritis related to use of NSAIDs, Cymbalta, and Lidocaine patch. The injured worker underwent a 28 day trial of H-Wave noted 5-11-2015 to improve his sleep and quality of life, increase his participation in physical therapy, reduce pain from 5 out of 10 to 2 out of 10, lasting up to 5 hours after each treatment, and decrease pain medication use. On 8-5-2015, the injured worker continued to report constant pain and tenderness in his neck radiating into his shoulders and he was asking for therapy. Examination noted 60 percent range of motion, tenderness, and no acute neuro changes were noted. The treating physician's plan of care includes purchase of an H-wave unit. This was denied on 9-1-2015.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**H-Wave Unit for purchase:** Upheld

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

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

**Decision rationale:** The 52 year old patient complains of shoulder pain, rated at 4/10, that radiates from the neck to the shoulder and left upper extremity, as per progress report dated 08/26/15. The request is for H-Wave unit for purchase. The most recent RFA available for review is dated 05/11/15, and the patient's date of injury is 03/18/11. Diagnoses, as per progress report dated 08/26/15, included left shoulder labral tear, cervical sprain/strain, cervical radiculopathy, diabetes, hearing loss, and hypertension. The patient is status post left shoulder surgery on 12/16/14. Medications included Naproxen, Cymbalta and Lidocaine patch. The patient is totally disabled, as per the same report. Per MTUS Guidelines page 117, H-wave Stimulation (HWT) section, "H-wave is not recommended as an isolated intervention, but a 1-month home-based trial of H-wave stimulation may be considered as a non-invasive 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." MTUS further states "trial periods of more than 1 month should be justified by documentations submitted for review." MTUS also states that "and only following failure of initially recommended conservative care, including recommended physical therapy (i.e., exercise) and medications, plus transcutaneous electrical nerve stimulation (TENS)." Page 117 Guidelines also require "The one-month HWT trial may be appropriate to permit the physician and provider licensed to provide physical therapy to study the effects and benefits, and it should be documented (as an adjunct to ongoing treatment modalities within a functional restoration approach) as to how often the unit was used, as well as outcomes in terms of pain relief and function." In this case, the patient underwent an H-wave trial that started on 04/09/15. As per report dated 05/11/15, the patient used the device for 30 minutes, 3 times daily for 7 days a week. It led to 30% reduction in pain and a decrease in pain medication use. The patient was "able to sleep better, and is able to participate more in everyday activities including walking further and PT instructed exercise program." The report also documents the long-term goals in detail. However, in progress report dated 08/26/15, the treater states "The H wave only relieves his pain for a few hours and requires him to be sedentary. Sedentary lifestyle leads to reconditioning which worsens his pain and risk of further injury." Then the appeal letter dated 09/10/15 following UR denial states that the patient did fail conservative treatments including TENS, and H-wave had a positive impact on his pain and function. The conflicting information provided does not appear to clearly show that this device is resulting in a meaningful functional improvement. The request is not medically necessary.