

<b>Case Number:</b>	CM15-0193608		
<b>Date Assigned:</b>	10/07/2015	<b>Date of Injury:</b>	03/20/2013
<b>Decision Date:</b>	11/16/2015	<b>UR Denial Date:</b>	09/24/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/01/2015

### 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 60 year old, male who sustained a work related injury on 3-20-13. A review of the medical records shows he is being treated for right shoulder pain. Treatments have included a subacromial bursa injection and physical therapy. He did trial H-wave therapy, which gave him "temporary relief." Current medications include Lidoderm gel, Mobic, Protonix and Neurontin. In the progress notes, the injured worker reports "quite a bit of pain in his right shoulder." In the objective findings dated 9-14-15, he has full range of motion in right shoulder. He has positive Hawkins and Jobe's tests. He has pain and weakness with resisted external rotation. He is especially tender over the supraspinatus insertion. He is currently not working. The treatment plan includes requests for a consultation with an orthopedic shoulder specialist, for acupuncture, for an MRI of the right shoulder and for an H-wave home unit. The Request for Authorization dated 9-17-15 has requests for consultation and treatment with an orthopedic shoulder specialist, MRI of right shoulder, acupuncture six sessions for right shoulder and trial of H-wave unit for the right shoulder. In the Utilization Review dated 9-24-15, the requested treatments of consultation and treatment with orthopedic shoulder specialist and trial of H-wave unit for right shoulder are not medically necessary.

## IMR ISSUES, DECISIONS AND RATIONALES

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

**Consultation and treatment with Orthopedic Shoulder Specialist:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Shoulder Complaints 2004.

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

**Decision rationale:** The requested Consultation and treatment with Orthopedic Shoulder Specialist, is not medically necessary. California Medical Treatment Utilization Schedule (MTUS), 2009, Chronic pain, page 1, Part 1: Introduction, states, "If the complaint persists, the physician needs to reconsider the diagnosis and decide whether a specialist evaluation is necessary." The injured worker did trial H-wave therapy, which gave him "temporary relief." Current medications include Lidoderm gel, Mobic, Protonix and Neurontin. In the progress notes, the injured worker reports "quite a bit of pain in his right shoulder." In the objective findings dated 9-14-15, he has full range of motion in right shoulder. He has positive Hawkins and Jobe's tests. He has pain and weakness with resisted external rotation. He is especially tender over the supraspinatus insertion. The treating physician has not documented the medical necessity for this requested treatment instead of a consult with evaluation to determine what treatment is medically necessary. The criteria noted above not having been met, Consultation and treatment with Orthopedic Shoulder Specialist is not medically necessary.

**Trail of H-Wave Unit for right shoulder:** 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): Electrical stimulators (E-stim).

**Decision rationale:** The requested Trial of H-Wave Unit for right shoulder, is not 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 did trial H-wave therapy, which gave him "temporary relief." Current medications include Lidoderm gel, Mobic, Protonix and Neurontin. In the progress notes, the injured worker reports "quite a bit of pain in his right shoulder." In the objective findings dated 9-14-15, he has full range of motion in right shoulder. He has positive Hawkins and Jobe's tests. He has pain and weakness with resisted external rotation. He is especially tender over the supraspinatus insertion. The treating physician has not documented detailed information regarding TENS trials or their results. The criteria noted above not having been met, Trial of H-Wave Unit for right shoulder is not medically necessary.