

Case Number:	CM15-0030658		
Date Assigned:	02/24/2015	Date of Injury:	03/03/2014
Decision Date:	04/08/2015	UR Denial Date:	02/16/2015
Priority:	Standard	Application Received:	02/19/2015

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: Internal 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 50 year old male, who sustained an industrial injury on March 3, 2014. He reported right shoulder and lumbar spine injuries. His diagnoses include lumbar sprain, spasm of muscle, sprain of unspecified sit of shoulder and upper arm, and non-allopathic lesions of thoracic region not otherwise specified. On July 30, 2014, he underwent a right shoulder arthroscopic subacromial decompression with acromioplasty, Mumford procedure, rotator cuff repair, posterior Bankart labral repair, and a chondroplasty of the glenohumeral head. He has been treated with x-rays of the lumbar spine and pelvis, physical therapy, transcutaneous electrical nerve stimulation (TENS), and pain and non-steroidal anti-inflammatory medications. On January 26, 2015, his treating physician reports the H-wave unit relaxed his muscles, helped him feel more comfortable for a while after each treatment, and his function is held back because of the types of injuries he has. The treatment plan includes H-wave Device treatments twice a day as needed. On February 16, 2015, Utilization Review non-certified a request for an H-wave device unit, noting the lack of objective measures of success such as medication reduction, that the use will be part of an evidence-based functional restoration program. The California Medical Treatment Utilization Schedule (MTUS), Chronic Pain Medical Treatment Guidelines was cited.

IMR ISSUES, DECISIONS AND RATIONALES

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

Purchase of a home H-wave device unit: Upheld

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

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints, Chapter 9 Shoulder Complaints, Chapter 12 Low Back Complaints, Chapter 13 Knee Complaints Page(s): 173-174, 181-183, 203, 300, 308-310, 339, 346-347, Chronic Pain Treatment Guidelines Transcutaneous electrotherapy Page 114-121. Electrical stimulators (E-stim) Page 45. Functional restoration programs (FRPs) Page 49. H-Wave stimulation (HWT) Pages 51, 117-118. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Neck and Upper Back (Acute & Chronic) Electrotherapies. Official Disability Guidelines (ODG) Shoulder (Acute & Chronic) Electrical stimulation. Work Loss Data Institute - Neck and upper back (acute & chronic). ACOEM 3rd Edition Shoulder disorders. ACOEM 3rd Edition Low back disorders. ACOEM 3rd Edition Knee disorders.

Decision rationale: Medical Treatment Utilization Schedule (MTUS) addresses transcutaneous electrotherapy. Medical Treatment Utilization Schedule (MTUS) Chronic Pain Medical Treatment Guidelines indicates that H-wave stimulation (HWT) is not recommended as an isolated intervention. American College of Occupational and Environmental Medicine (ACOEM) 2nd Edition (2004) Chapter 9 Shoulder Complaints (Page 203) indicates that physical modalities, such as massage, diathermy, cutaneous laser treatment, ultrasound treatment, transcutaneous electrical neurostimulation (TENS) units, and biofeedback are not supported by high-quality medical studies. Official Disability Guidelines (ODG) Shoulder (Acute & Chronic) indicates that electrical stimulation is not recommended. For several physical therapy interventions and indications (eg, electrical stimulation) there was a lack of evidence regarding efficacy. ACOEM 3rd Edition (2011) does not recommend H-wave stimulation for shoulder disorders. American College of Occupational and Environmental Medicine (ACOEM) 2nd Edition (2004) Chapter 13 Knee Complaints (Page 339) states that physical modalities, such as massage, diathermy, cutaneous laser treatment, ultrasound, and biofeedback have no scientifically proven efficacy in treating acute knee symptoms. Other miscellaneous therapies have been evaluated and found to be ineffective. Table 13-6 Summary of Recommendations for Evaluating and Managing Knee Complaints (Page 346-347) indicates that regarding physical treatment methods, passive modalities without exercise program are not recommended. ACOEM 3rd Edition does not recommend transcutaneous electrical stimulation (TENS) for knee pain. MTUS Chronic Pain Medical Treatment Guidelines (Page 117) indicates 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 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). Functional restoration programs (FRPs) are a type of treatment included in the category of interdisciplinary pain programs. American College of Occupational and Environmental Medicine (ACOEM) 2nd Edition (2004) Chapter 12 Low Back Complaints, Table 12-8 Summary of Recommendations for Evaluating and Managing Low Back Complaints (Page 308-310) states that TENS is not recommended. ACOEM Chapter 12 (Page 300) states that physical modalities such as massage, diathermy, cutaneous laser treatment, ultrasound, transcutaneous

electrical neurostimulation (TENS) units, percutaneous electrical nerve stimulation (PENS) units, and biofeedback have no proven efficacy in treating acute low back symptoms. Insufficient scientific testing exists to determine the effectiveness of these therapies. ACOEM 3rd edition (2011) states that H-wave stimulation is not recommended for low back disorders. American College of Occupational and Environmental Medicine (ACOEM) 2nd Edition (2004) Chapter 8 Neck and Upper Back Complaints, Table 8-8 Summary of Recommendations for Evaluating and Managing Neck and Upper Back Complaints (Page 181-183) states that TENS is not recommended. ACOEM Chapter 8 (Page 173-174) states that there is no high-grade scientific evidence to support the effectiveness or ineffectiveness of passive physical modalities such as traction, heat / cold applications, massage, diathermy, cutaneous laser treatment, ultrasound, transcutaneous electrical neurostimulation (TENS) units, and biofeedback. Official Disability Guidelines (ODG) Neck and Upper Back (Acute & Chronic) state that electrotherapies are not recommended. Work Loss Data Institute guidelines for Neck and Upper Back (acute & chronic) state that electrotherapies are not recommended. The medical records document a history of shoulder, knee, neck and back complaints. MTUS, ACOEM, ODG, and Work Loss Data Institute guidelines do not support the request for a H-wave device. Therefore, the request for a H-wave device is not medically necessary.