

<b>Case Number:</b>	CM15-0031590		
<b>Date Assigned:</b>	02/24/2015	<b>Date of Injury:</b>	06/21/2014
<b>Decision Date:</b>	04/10/2015	<b>UR Denial Date:</b>	01/27/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	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: 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 48 year old male who sustained an industrial injury on 6/21/14. The injured worker reported symptoms in the right shoulder. The diagnoses included pain in joint, shoulder region. Treatments to date include physical therapy, status post right shoulder arthroscopy on 8/27/14, non-steroidal anti-inflammatory drugs, and home exercise program. In a progress note dated 1/12/15 the treating provider reports the injured workers was with complaints of pain and "impaired activities of daily living." On 1/27/15 Utilization Review non-certified the request for a home H-Wave device. The California Medical Treatment Utilization Schedule was cited.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Home H-Wave Device:** Overturned

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints, Chronic Pain Treatment Guidelines.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines H-wave Page(s): 113-117.

**Decision rationale:** The 48 year old patient complains of pain in the right shoulder, and is status post right shoulder repair of a superior labral tear and right shoulder rotator cuff repair and distal clavicle resection on 08/27/14, as per progress report dated 01/27/15. The request is for HOME H WAVE DEVICE. The RFA for the case is dated 01/20/15, and the patient's date of injury is 06/21/14. Diagnoses, as per progress report dated 01/27/15, included osteoarthritis of the shoulder, superior glenoid labrum lesion, and full thickness rotator cuff tear. The patient is temporarily totally disabled, as per progress report dated 12/22/14. Per MTUS Guidelines, pages 113 - 116, "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 trialed the H-wave machine from 11/26/14 to 01/05/15, as per progress report dated 01/12/15. As per the same report, "Patient has reported a decrease in the need for oral medication due to the use of H-wave device. Patient has reported ability to perform more activity and greater overall function." The patient has been able to sleep better and interact more with the family. The device was used 2 times per day, 7 days a week, 35-40 minutes per session. As per patient compliance and outcome report dated 11/26/14, the machine provided 40% pain relief. Given the impact on pain and function, the request IS medically necessary.