MAXIMUS Federal Services

| Case Number: | CM15-0032095 | | |
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| Date Assigned: | 02/25/2015 | Date of Injury: | 08/22/2013 |
| Decision Date: | 04/03/2015 | UR Denial Date: | 01/22/2015 |
| 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: Arizona, California
Certification(s)/Specialty: Family Practice

## 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 65 year old female, who sustained an industrial injury on 08/22/2013. She has reported neck and left shoulder pain. The diagnoses have included cervicalgia; rotator cuff sprain and strain; left shoulder subacromial impingement with partial-thickness rotator cuff tear; and acromioclavicular sprain and strain. Treatment to date has included medications, physical therapy, and surgical intervention. Medications have included Zanaflex. A progress note from the treating physician, dated 11/10/2014, documented a follow-up visit with the injured worker. The injured worker reported let shoulder pain with spasms; pain is referred into the neck and down the arm, with occasional numbness and tingling in the fingertips; pain is rated at 7/10 on the visual analog scale. Objective findings included tenderness to palpation at the anterolateral capsule/rotator cuff; associated tenderness to palpation with myofascial complaints in the trapezial and cervical region; and range of motion is painful and limited. Request is being made for H Wave Purchase. On 01/22/2015 Utilization Review noncertified a prescription for H Wave Purchase. The CA MTUS, ACOEM was cited. On 02/19/2015, the injured worker submitted an application for IMR for review of a prescription for H Wave Purchase.

## IMR ISSUES, DECISIONS AND RATIONALES

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

**H Wave Purchase:** Upheld

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

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

**Decision rationale:** According to the guidelines an H-wave unit is not recommended but a one month trial may be considered for diabetic neuropathic pain and chronic soft tissue inflammation if used with a functional restoration program including therapy, medications and a TENS unit. There is no evidence that H-Wave is more effective as an initial treatment when compared to TENS for analgesic effects. In fact, H-wave is used more often for muscle spasm and acute pain as opposed to neuropathy or radicular pain. In this case the claimant did not have the diagnoses or interventions noted above. The claimant had used a combination of medications, H-wave and therapy and was noted on 11/17/14 to have 7/10 pain and the interventions "seem to make the pain better." There is no objective findings of significant improvement from H-wave. Based on the above guidelines and clinical algorithm completed, the request for the purchase and long - term use is not medically necessary.