

<b>Case Number:</b>	CM15-0050575		
<b>Date Assigned:</b>	03/24/2015	<b>Date of Injury:</b>	11/15/2012
<b>Decision Date:</b>	05/01/2015	<b>UR Denial Date:</b>	03/09/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	03/17/2015

### 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 66 year old male, who sustained an industrial injury on 11/15/12. He has reported injury to the left shoulder and pain. The diagnoses have included pain in the left joint/shoulder region. Treatment to date has included medications, physical therapy, acupuncture and Home Exercise Program (HEP). Surgery has included status post left shoulder arthroscopic rotator cuff repair, decompression, biceps tenodesis and distal clavicle excision 5/2/13. Currently, as per the physician progress note dated 2/17/15, the injured worker complains of left shoulder discomfort rated 3-8/10 on pain scale. He also notes that the pain gives him sleep disturbance occasionally. He has attempted conservative treatment options to include physical therapy, acupuncture and Home Exercise Program (HEP) with minimal to no results. He admits that medications have provided him with some relief. He currently takes Hydrocodone for breakthrough pain and Ambien for sleep. The physician noted that H-wave therapy has been beneficial for the injured worker and the injured worker noted that the H-wave therapy reduced the pain symptoms from 5-8/10 to 3-0/10 and also reduces the need for narcotic and anti-inflammatory medications. The exam of the left shoulder revealed tenderness and limited range of motion. The physician noted that continued pain management will require the use of H-wave device. The physician requested treatment included 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:** Based on the 02/17/15 progress report provided by treating physician, the patient presents with left shoulder pain rated 3-8/10. The request is for H-WAVE PURCHASE. No RFA provided. Patient's diagnosis on 02/17/15 included status post left shoulder arthroscopic rotator cuff repair, subacromial decompression, biceps tenodesis, and distal clavicle excision on 05/02/13. Treatment to date include physical therapy, acupuncture and Home Exercise Program. Patient's medications include Hydrocodone for breakthrough pain and Ambien for sleep. Patient is permanent and stationary since 06/03/14, per treater report dated 02/17/15. MTUS Guidelines page 117 states, "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." and only following failure of initially recommended conservative care, including recommended physical therapy (i.e., exercise) and medications, plus transcutaneous electrical nerve stimulation (TENS). MTUS further states trial periods of more than 1 month should be justified by documentations submitted for review. Per progress report dated 02/17/15, treater states "the patient notes using H-Wave therapy reduces his pain symptoms from an average of 5 to 8/10 to 3 to 0/10 and also helps reduce the consumption of narcotic and anti-inflammatory medication. The patient notes the H-Wave therapy has been helpful with his flare-ups." Per vendor generated report, the patient trialed H-wave unit from 06/06/14 - 07/02/14. It appears patient had a 30 day trial of the unit at no cost, prior to authorization. The patient had physical therapy and is continuing with home exercise program, which indicates the use of H-wave is not intended as an isolated intervention, and treater has documented decrease in pain. However, MTUS requires documentation of failed trial of TENS, which has not been tried and failed. The request is not in accordance with guidelines. Therefore, the request IS NOT medically necessary.