

<b>Case Number:</b>	CM15-0089292		
<b>Date Assigned:</b>	05/13/2015	<b>Date of Injury:</b>	08/20/2002
<b>Decision Date:</b>	06/22/2015	<b>UR Denial Date:</b>	04/21/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	05/08/2015

### 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 (IW) is a 49-year-old male who sustained an industrial injury on 08/20/2002. Diagnoses include unspecified disorder of the shoulder joint and pain in joint, shoulder. Treatments to date include medications, physical therapy, stellate ganglion blocks, volar ganglion cyst excision, right shoulder arthroscopic decompression with lateral claviclectomy and acupuncture. Electrodiagnostic testing of the upper extremities on 2/25/08 was normal. MRI of the right shoulder on 2/28/08 showed hypertrophy and tendinosis of the supraspinatus tendon without evidence of tear; a tear of the anterior inferior labrum; and subchondral cystic changes in the humeral head. According to the progress report dated 1/26/15, the IW reported ongoing pain in the neck, shoulder and arm. On examination, there was tenderness to palpation around the right shoulder and neck. A request was made for an H-wave unit trial for home use.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**H-Wave Unit Trial for Home Use:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG).

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints, Chapter 9 Shoulder Complaints Page(s): 173-174, 181-183, 203, Chronic Pain Treatment Guidelines Transcutaneous electrotherapy Page 114-121. H-Wave stimulation (HWT) Pages 51, 117-118. Electrical stimulators (E-stim) Page 45. Functional restoration programs (FRPs) Page 49. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Shoulder (Acute & Chronic) Electrical stimulation. ODG Neck and Upper Back (Acute & Chronic) Electrotherapies. Work Loss Data Institute Neck and upper back (acute & chronic) <http://www.guideline.gov/content.aspx?id=47589> ACOEM 3rd Edition Shoulder disorders <http://www.guideline.gov/content.aspx?id=36626>.

**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. Several published evidence-based assessments of transcutaneous electrical nerve stimulation (TENS) have found that evidence is lacking concerning effectiveness. 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 (e.g., 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 8 Neck and Upper Back Complaints, Table 8-8 Summary of Recommendations for Evaluating and Managing Neck and Upper Back Complaints (Page 181-183) indicates 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 primary treating physician's progress report dated 5/7/15 documented right shoulder pain. The primary treating physician's progress report dated 3/5/15 documented that the shoulder was tender and range of motion was reduced. Diagnosis was shoulder joint pain. H-wave unit trial for home use was requested on 4/14/15. MTUS, ACOEM, and ODG guidelines do not support the request for an H-wave unit. Therefore, the request for an H-wave unit trial is not medically necessary.