

<b>Case Number:</b>	CM14-0137207		
<b>Date Assigned:</b>	09/08/2014	<b>Date of Injury:</b>	08/30/2012
<b>Decision Date:</b>	10/10/2014	<b>UR Denial Date:</b>	08/11/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	08/25/2014

### 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. The expert reviewer is Board Certified in Anesthesiology and Pain Medicine, and is licensed to practice in Florida. 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/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

### 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 55 year old male who reported an injury on 08/30/2012 with an unknown mechanism of injury. The injured worker was diagnosed with right shoulder impingement status post two previous arthroscopies. The injured worker was treated with physical therapy, surgery, medications, TENS unit, and H-Wave unit. The injured worker's medical records did not indicate diagnostic studies. The injured worker had right shoulder arthroscopy with subacromial decompression, distal clavicle resection, and SLAP labral repair on 03/28/2014. On the clinical note dated 07/14/2014 it was noted the injured worker complained of pain in the right shoulder that radiated into the entire right upper extremity. Active range of motion to the right shoulder was noted to be 50% of normal with resistance and guarding. The injured worker had full passive range of motion to the right shoulder. The injured worker also had a positive impingement test. On the H-wave survey dated 08/04/2014, it was noted the injured worker had an H-wave unit since 10/11/2013 and used the unit for 297 days; which allowed for a decrease in medications and an increase in functional activity. The injured worker was able to walk farther, lift more, sit longer, sleep better, stand longer, and was able to interact with his family more. The injured worker reported 35% improvement with the H-Wave unit. The injured worker was utilizing the unit twice per day for 30-45 minutes per treatment. The H-Wave unit reduced the injured worker's pain and tightness and allowed him to sleep better and better perform his exercises. The injured worker's medical records did not include prescribed medications. The treatment plan was for purchase of an H-Wave unit. The rationale for the request was to improve functional restoration. The request for authorization was not submitted for review.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Purchase of an H-Wave unit:** Overturned

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines H-Wave Stimulation (HWT).

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines H-wave stimulation Page(s): 117-118.

**Decision rationale:** The request for purchase of an H-wave unit is medically necessary. The injured worker is diagnosed with right shoulder impingement status post two previous arthroscopies. The injured worker complains of pain in the right shoulder that radiates into the entire right upper extremity. The California MTUS guidelines note H-Wave is not recommended as an isolated intervention, but a one-month home-based trial of HWave stimulation may be considered as a noninvasive 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, including recommended physical therapy (i.e., exercise) and medications, plus transcutaneous electrical nerve stimulation (TENS). 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. Rental would be preferred over purchase during this trial. The documentation indicated the injured worker utilized an H-wave unit for 297 days on the right shoulder, which allowed for a decrease in medications and an increase in functional activity. The injured worker was able to walk farther, lift more, sit longer, sleep better, stand longer, and was able to interact with his family more. The injured worker had 35% improvement with the H-Wave unit and was utilizing it twice per day for 30-45 minutes per treatment. The H-Wave unit reduced the injured worker's pain and tightness and allowed him to sleep better and better perform his exercises. There is noted documentation that the injured worker has been unsuccessful with physical therapy, TENS unit, and medications. The documentation indicated the injured worker was participating in a home exercise program. Given the effectiveness of the H-wave unit during the trial, purchase would be indicated. As such, the request for purchase of an H-Wave unit is medically necessary.