

<b>Case Number:</b>	CM14-0137357		
<b>Date Assigned:</b>	09/18/2014	<b>Date of Injury:</b>	08/15/2013
<b>Decision Date:</b>	10/17/2014	<b>UR Denial Date:</b>	08/01/2014
<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 Physical Medicine and Rehabilitation and is licensed to practice in California. 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 39-year-old female who reported a work related injury on 08/15/2014. The mechanism of injury was not provided for review. The injured worker's diagnoses include cervical spine degenerative disc disease and right shoulder impingement. Past treatment history included physical therapy and medication. The injured worker's diagnostic studies included an MRI dated 03/28/2013 revealed right rotator cuff tear, right subacromial fibrosis, adhesions, and capsulitis, right normal long head bicep tendon, and right normal glenoid labrum. A clinical note dated 07/17/2014 was handwritten, making it difficult to decipher. The legible information stated the injured worker was taking less pain medication. The injured worker's treatment plan and the rationale for the request were illegible on the clinical note provided for review. A Request for Authorization form was submitted for review on 07/25/2014.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**H -Wave Stim unit:** Upheld

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

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

**Decision rationale:** The California MTUS does not recommend an H wave unit as an isolated intervention. However, a 1 month home based trial of H wave stimulation may be considered as a noninvasive conservative option for diabetic, 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 and medications, plus transcutaneous electrical nerve stimulation. In a recent retrospective study suggesting effectiveness of the H wave device, the patient selection criteria included a physician documented diagnosis of chronic soft tissue injury or neuropathic pain in an upper or lower extremity or the spine that was unresponsive to conventional therapy, including physical therapy, medications, and TENS. Within the documentation provided for review, it does note that the injured worker has had physical therapy and acupuncture. However, there was no documentation that supported pain of at least 3 months duration, evidence that other appropriate pain modalities have been tried and failed, and there was no documentation provided with a treatment plan including specific short term and long term goals of treatment with the H wave unit. As such, the request for H -Wave Stim unit is not medically necessary and appropriate.

**Acupuncture two (2) times a week for six (6) weeks for the cervical spine and right shoulder:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Acupuncture Treatment Guidelines.

**Decision rationale:** The California MTUS Acupuncture Guidelines state acupuncture is used as an option when pain medication is reduced or not tolerated, and it may be used as an adjunct to physical rehabilitation and/or surgical intervention to accelerate functional recovery. Acupuncture can be used to reduce pain, reduce inflammation, increase blood flow, increase range of motion, decrease the side effects of medication induced nausea, promote relaxation in anxious patient, and reduce muscle spasms. The time noted to produce functional improvement is 3 to 6 treatments, with a recommended frequency of 3 times per week, and a duration of 1 to 2 months. Acupuncture treatments may be extended if functional improvement is documented. In regards to the injured worker, there was no sufficient documentation indicating that the dosage of medication had been reduced or that treatment was not tolerated. In addition, there was no documentation indicating that she would be participating in a therapeutic exercise program concurrently. As such, the request for Acupuncture two (2) times a week for six (6) weeks for the cervical spine and right shoulder is not medically necessary and appropriate.