

<b>Case Number:</b>	CM14-0166456		
<b>Date Assigned:</b>	10/13/2014	<b>Date of Injury:</b>	08/28/2009
<b>Decision Date:</b>	11/13/2014	<b>UR Denial Date:</b>	09/09/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/08/2014

### 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 Occupational Medicine and is licensed to practice in Colorado. 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 worker is a 60-year-old who sustained a left biceps tendon rupture, requiring surgical repair, during a work-related injury on August 28, 2009. Conservative medical treatment, including physical therapy, continued following the surgical intervention. The worker continued to have neck and left shoulder pain and was prescribed a 30 day trial of an H-Wave unit on July 11, 2014. On August 11, 2014 there is documentation that the injured worker's left shoulder and neck pain was intermittent and rated at 4/10 regarding intensity with symptom improvement with medications and electrode stimulator. The documentation supplies that the worker's pain is relieved by the use of electrode stimulator 2 times a day for 30 minutes in conjunction with the use of Celebrex once every one to 3 days. Examination findings include no limitations of cervical range of motion in any plane. There is palpable tenderness at the left shoulder bicipital groove and acromion process. Range of motion measurements are 90 flexion of the left shoulder, 50 external rotation, and 30 internal rotation. There is 4/5 left supraspinatus and external rotator strength. There is positive Speeds test and apprehension on the left. An ultrasound of the left shoulder shows no evidence of medial or lateral subluxation of the bicipital tendon and no evidence of biceps tendon abnormality. Supraspinatus tendon appears intact. No evidence of tenosynovitis, tendinosis, or thickening. Dynamic imaging showed unobstructed movements of the supraspinatus under the acromion. No pathology of the glenoid labrum or ligaments were discovered. There is documentation that rehabilitation will be a continuation of an independent home exercise program. On September 2, 2014 there is documentation of decreased pain, decreased medication intake, improved sleep, and improved lifting capacities as a function of the use of the H-Wave unit.

### 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:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines TENS (transcutaneous electrotherapy) Page(s): 117.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Transcutaneous Electrical Therapy Page(s): 114, 117.

**Decision rationale:** According to the MTUS, electrotherapy represents the therapeutic use of electricity and is another modality that can be used in the treatment of pain. Transcutaneous electrotherapy is the most common form of electrotherapy where electrical stimulation is applied to the surface of the skin. The MTUS provides that the H-Wave unit is not recommended as an isolated intervention, but a one-month home-based trial of H-Wave 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). In this case, there is documentation of a successful 30-day home trial of a rented H-Wave electrical stimulation unit, with documented improved symptomology and function. There is documentation that the H-Wave unit is being used in conjunction with medication treatment (i.e. not as an isolated intervention). There is documentation that the H-Wave unit use is intended for chronic inflammation. There is documentation of prior physical therapy rehabilitation and ongoing independent home exercise rehabilitation in combination with medication treatment. There however no specific documentation of a failed TENS unit trial prior to the request for the H-Wave unit. As provided by the MTUS, the H-Wave unit may be considered as a conservative treatment option for chronic soft tissue inflammation only following failure of initially recommended conservative care with a trans-electrical nerve stimulation (TEN) unit. Therefore, the request to authorize the purchase of the H-Wave unit is not considered medically necessary and appropriate.