

<b>Case Number:</b>	CM14-0095996		
<b>Date Assigned:</b>	07/25/2014	<b>Date of Injury:</b>	08/27/2012
<b>Decision Date:</b>	09/24/2014	<b>UR Denial Date:</b>	05/22/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	06/24/2014

### 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 Nevada. 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 records presented for review indicate that this 39 year old female was reportedly injured on August 27, 2012. The mechanism of injury is undisclosed. The most recent progress note, dated May 14, 2014, indicates that there are ongoing complaints of right shoulder pain. The physical examination demonstrated decreased right shoulder range of motion and a positive left sided drop arm test, positive Neer's test, Speed's test, and Hawkins test, normal upper extremity neurological examination, tenderness was noted at the acromioclavicular (AC) joint. Diagnostic imaging studies of the right shoulder showed mild impingement and common extensor tendon inflammation. Previous treatment includes physical therapy and steroid injections. A request was made for the use of an H wave device and was not certified in the preauthorization process on May 22, 2014.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**H-Wave Device, QTY: 1:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines H-Wave Stimulation (HWT) Page(s): 171-172.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines 8 C.C.R. 9792.20 - 9792.26; MTUS (Effective July 18, 2009) Page(s): 118 of 127.

**Decision rationale:** The California Medical Treatment Utilization Schedule (MTUS) Guidelines will support a one month H Wave Stimulation (HWT) for diabetic neuropathic pain and chronic soft tissue inflammation if used as an adjunct to a program of evidence based functional restoration, and only following a failure of conservative treatment, physical therapy, medications, and transcutaneous electrical nerve stimulation (TENS). Review of the available medical records fails to document that the injured employee has failed to improve with use of a TENS unit. Considering this, the request for an H wave device is not medically necessary.