

<b>Case Number:</b>	CM15-0128614		
<b>Date Assigned:</b>	07/17/2015	<b>Date of Injury:</b>	05/02/2013
<b>Decision Date:</b>	08/12/2015	<b>UR Denial Date:</b>	06/19/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	07/06/2015

### 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: Iowa, Illinois, Hawaii

Certification(s)/Specialty: Preventive Medicine, Occupational Medicine, Public Health & General Preventive 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 is a 41 year old female who sustained an industrial injury on 05/02/2013. Mechanism of injury occurred when she attempted to catch a falling box. Diagnoses include status post left rotator cuff repair with decompression and subsequent lysis of adhesions, and muscle spasms, physical therapy. Treatment to date has included diagnostic studies, left rotator cuff repair with decompression and subsequent lysis of adhesions on 01/28/2014, status post left manipulation under anesthesia with capsular release, and LOA and ADE, synovectomy complete on 09/04/2014. A physician progress note dated 05/20/2015 documents the injured worker complains of persistent left shoulder pain and muscle spasm in the parascapular area. She reports that the H-wave that she has been using on a trial basis provides excellent relief of her symptoms. On examination her left shoulder shows a negative impingement sign and negative shrug sign. There is no instability or dislocation. Left range of motion: forward flexion 160 degrees, extension 40 degrees, external rotation at 90 degrees, and internal rotation at 90 degrees. Treatment requested is for H-Wave unit, lifetime use.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**H-Wave unit, lifetime use:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines H-Wave therapy.

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

**Decision rationale:** Per MTUS Chronic Pain Medical Treatment Guidelines, "H-wave stimulation (HWT) 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 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. Trial periods of more than one month should be justified by documentation submitted for review." Medical records cite patient reported subjective improvement of pain rating and subjective improvement of functional outcomes (walk further, lift more, more house work, etc). The treating physician does not actually confirm objective findings have improved, or detail a decrease in medication usage. Additionally, the medical documentation provided do not indicate a failure of TENS unit or conservative therapy as outline above. As such, the request for H-Wave unit, lifetime use is not medically necessary.