

<b>Case Number:</b>	CM15-0074342		
<b>Date Assigned:</b>	04/24/2015	<b>Date of Injury:</b>	03/27/2014
<b>Decision Date:</b>	06/02/2015	<b>UR Denial Date:</b>	04/08/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	04/20/2015

### 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: Pennsylvania

Certification(s)/Specialty: Internal Medicine, Hospice & Palliative 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 44 year old female patient who sustained an industrial injury on 03/27/2014. A visit dated 12/18/2014 reported the patient diagnosed with other affections shoulder region, and strain/sprain shoulder arm unspecified. She was given Duexa and is to follow up in two weeks. Current medications include: Norco, and Duexa. The patient is working modified work duty. A follow up visit dated 10/01/2014 reported the patient with subjective complaint of a sore, stiff right shoulder. The plan of care noted to hold off on therapeutic exercises, applied electrical stimulation, ultra sound, soft tissue manipulation and infrared heat.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Home H wave device purchase for the right shoulder:** Upheld

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

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

**Decision rationale:** The MTUS Guidelines do not recommend use of H-wave stimulation as an isolated treatment. A one-month home-based trial can be considered for those with diabetic neuropathy or chronic inflammation if it is being used along with an evidence-based functional restoration program. The appropriately selected workers are those who have failed conservative treatment that included physical therapy, pain medications, and TENS. Documentation during the one-month trial should include how often the home H-wave device was used, the pain relief achieved, and the functional improvements gained with its use. The submitted and reviewed documentation indicated the worker was experiencing right shoulder pain. These records reported the presence of ongoing painful inflammation that did not improve with the use of physical therapy, medications, or TENS. However, there was no documented trial or description of its results. In the absence of such evidence, the current request for the purchase of an H-wave device for the right shoulder for home use is not medically necessary.