

<b>Case Number:</b>	CM15-0078460		
<b>Date Assigned:</b>	04/29/2015	<b>Date of Injury:</b>	08/18/2014
<b>Decision Date:</b>	05/28/2015	<b>UR Denial Date:</b>	03/24/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	04/23/2015

### 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: California

Certification(s)/Specialty: Orthopedic Surgery

### CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

This 53 year old male sustained an industrial injury to bilateral shoulders on 8/8/14. Previous treatment included magnetic resonance imaging, left shoulder rotator cuff repair and biceps tenodesis, physical therapy, transcutaneous electrical nerve stimulator unit, and medications. In a PR-2 dated 3/6/15, the injured worker had undergone a one month trial of home H-wave machine. The injured worker reported the ability to perform more activity with greater overall function due to the H-wave with better sleep and more shoulder comfort. Current diagnoses included rotator cuff sprain/strain, shoulder bursa and tendon disorder, shoulder osteoarthritis and bicipital tenosynovitis. The treatment plan included the purchase of a home H-wave device.

### 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:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints, Postsurgical Treatment Guidelines.

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

**Decision rationale:** Per the CA MTUS/Chronic Pain Medical Treatment Guidelines, page 117, H-wave 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 lack of evidence in the cited record from 3/6/15 to satisfy the guidelines. There is no evidence of functional restoration program or comprehensive program to warrant H-wave for the claimant's knee condition. Therefore determination is not medically necessary.