

<b>Case Number:</b>	CM15-0081714		
<b>Date Assigned:</b>	05/04/2015	<b>Date of Injury:</b>	03/04/2013
<b>Decision Date:</b>	06/02/2015	<b>UR Denial Date:</b>	04/21/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	04/28/2015

### 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: North Carolina

Certification(s)/Specialty: Family Practice

### 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 54 year old female, who sustained an industrial injury on 03/04/2013. She has reported injury to the right shoulder, neck, left ankle, and low back. The diagnoses have included shoulder pain; and status post right shoulder arthroscopy, subacromial decompression, and rotator cuff repair on 11/25/2014. Treatment to date has included medications, diagnostics, TENS (transcutaneous electrical nerve stimulation) unit, physical therapy, and surgical intervention. A progress note from the treating physician, dated 03/25/2015, documented a follow-up visit with the injured worker. Currently, the injured worker complains of pain in the right shoulder; impaired activities of daily living; and the use of the H-Wave device relieves right shoulder pain, helps in doing the home exercises, and has increased function. Objective findings included decreased right shoulder range of motion. The treatment plan has included the request for H-Wave Device purchase.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**H-Wave Device Purchase:** Upheld

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

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

**Decision rationale:** The California MTUS section on H-wave therapy states: 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 (Julka, 1998) (Kumar, 1997) (Kumar, 1998), 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). The patient does not have a documented of the device being used as an adjunct to a program of evidence based functional restoration. Therefore the request is not medically necessary.