

Case Number:	CM13-0001554		
Date Assigned:	05/02/2014	Date of Injury:	08/13/2012
Decision Date:	06/10/2014	UR Denial Date:	07/01/2013
Priority:	Standard	Application Received:	07/15/2013

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 California. 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 underlying date of injury in this case is 08/13/2012. The patient's primary diagnosis is a neck sprain. The patient is status post surgery on 06/13/2013 which consisted of a right shoulder arthroscopy and debridement of a bicipital longitudinal tear and repair of a labral lesion. The postoperative diagnoses included superior labral lesion, biceps tear, impingement syndrome, and acromioclavicular degenerative joint disease. On 06/18/2013, the patient's treating surgeon saw the patient in follow-up. The patient was 5 days status post right shoulder arthroscopy. His sutures were intact. The treating physician felt the patient was doing well and would start physical therapy and would continue to use a sling.

IMR ISSUES, DECISIONS AND RATIONALES

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

H-WAVE DEVICE TO PURCHASE: Upheld

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

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

Decision rationale: The California Medical Treatment Utilization Schedule Chronic Pain Medical Treatment Guidelines, section on H-wave stimulation, states that H-wave is not

recommended as an isolated intervention. The MTUS guidelines support indication for a one-month home-based trial of H-wave stimulation as an option after failure of extensive and specifically defined first-line treatment. In this case the medical records do not document an initial one-month home-based H-wave trial. Therefore, the request for an H-Wave device to purchase is not medically necessary and appropriate.