

Case Number:	CM13-0006516		
Date Assigned:	08/30/2013	Date of Injury:	04/07/2012
Decision Date:	01/03/2014	UR Denial Date:	07/23/2013
Priority:	Standard	Application Received:	08/05/2013

HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to a physician reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The physician 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 physician 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.

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 04/07/2012. The patient's primary diagnosis is a shoulder sprain. The treating physician's notes indicate this patient has chronic left shoulder pain and is status post arthroscopic shoulder surgery on 05/06/2013 with partial relief. Prior physical therapy notes indicate that the patient had tried and failed a TENS trial and that an H-wave trial was recommended. On 08/29/2013, the provider noted the patient reported she had greater range of motion when using an H-wave machine. An initial physician review noted that the medical records were limited in terms of the rationale for an H-wave device or the response to prior TENS unit and recommended the request by non-certified.

IMR ISSUES, DECISIONS AND RATIONALES

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

Home H-Wave device for 1 month, 1-2 times daily or 30-60 minutes session as needed:

Overturned

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 Physician Reviewer's decision rationale: The Chronic Pain Medical Treatment Guidelines, section on H-wave stimulation, state, "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 medication plus TENS." The patient does specifically meet these criteria for a one-month home trial of H-wave. The medical records are specific and detailed from the treating physician and physical therapist in terms of failing the recommended prior treatment including physical therapy and TENS. The patient does specifically meet the criteria in the guidelines. The request for the use of the home H-wave device, for 1 month, 1-2 times daily or 30-60 minutes session as needed is medically necessary and appropriate. treatment is medically necessary.