

Case Number:	CM13-0008005		
Date Assigned:	11/27/2013	Date of Injury:	09/10/2012
Decision Date:	01/21/2014	UR Denial Date:	07/01/2013
Priority:	Standard	Application Received:	08/07/2013

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, has a subspecialty in Interventional Spine 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. 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:

60 year old with date of injury from 9/10/12, who suffers from chronic shoulder. Patient's diagnosis is left shoulder s/p arthroscopic surgery. 8/8/13 report describes MRI of shoulder that showed healing of infraspinatus repair. It also showed tear of supraspinatus with retraction. Recommendation is for arthroscopy with debridement. I reviewed the utilization review denial letter from 7/1/13. The reviewer denied the request stating that the patient has not tried H-wave, and therefore, 30-day trial was not recommended.

IMR ISSUES, DECISIONS AND RATIONALES

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

DME H-Wave System-30 day trial, left shoulder: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines H-wave stimulation (HWT) Page(s): 117, 118.

Decision rationale: This patient suffers from chronic left shoulder pain, and has had arthroscopic surgical repair of rotator cuff. The treater requested a 30-day trial of H-wave unit but this was denied by Utilization Review. MTUS does allow for 30-day trial of H-wave for

neuropathic pain and soft tissue inflammation problems. This patient suffers from chronic shoulder pain and is indicated for H-wave. The request is for a 30-day trial, and does not require a prior "trial" as suggested by the Utilization reviewer. The patient has diagnostic indication for a trial of H-wave and recommendation is for authorization.