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| Case Number: | CM13-0008708 | | |
| Date Assigned: | 06/04/2014 | Date of Injury: | 06/17/2011 |
| Decision Date: | 08/06/2014 | UR Denial Date: | 07/29/2013 |
| Priority: | Standard | Application Received: | 08/08/2013 |

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 Occupational Medicine, and is licensed to practice in New York and North Carolina. 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:

This employee, a 42-year-old man, a painter, states he was injured 6/17/2011, when shot in the left scapular region, now with bilateral shoulder and lumbar pain. He is diagnosed with left shoulder impingement, right shoulder adhesive capsulitis, lumbar mass on the left and chronic pain syndrome. At the time of the request for H-wave therapy, he was in physical therapy, and getting h-wave treatments there. In addition to PT, he has been treated with injection, muscles relaxants (Flexeril) and narcotics (Norco). The H-wave was not granted on 7/29/13.

IMR ISSUES, DECISIONS AND RATIONALES

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

30 DAY TRIAL HOME H-WAVE DEVICE: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines H-WAVE STIMULATION (HWT).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines.

Decision rationale: The MTUS Chronic Pain Guidelines, H-wave therapy 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). There is no evidence to show that H-wave therapy will be part of an evidenced-based functional restoration program. There is evidence that he has had conservative care but no TENS trial. The H-wave home treatment is not medically necessary.