

Case Number:	CM13-0013362		
Date Assigned:	12/27/2013	Date of Injury:	02/08/2013
Decision Date:	03/05/2014	UR Denial Date:	07/17/2013
Priority:	Standard	Application Received:	08/19/2013

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 & 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:

The patient is a 53-year-old male with date of injury on 02/08/2013. The progress report dated 07/10/2013 by [REDACTED] indicates that the patient's diagnoses include: Postop shoulder 06/11/2013, rotator cuff sprain/strain, shoulder pain. The patient continues with right shoulder pain. The patient was approximately one week status post rotator cuff repair and continues with impaired range of motion, impaired activities of daily living and soft tissue inflammation. The treating provider was requesting a 30-day evaluation trial of the H-wave home care system. The treater's progress note has some checked boxes on it which indicate that the patient had already tried physical therapy and that TENS is not indicated for the patient's complaints/goals but it does not appear to indicate that the patient has already had a trial of TENS unit therapy.

IMR ISSUES, DECISIONS AND RATIONALES

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

one month rental of an H-wave unit: Upheld

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

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

Decision rationale: The records indicate the patient is status post rotator cuff surgery and a 1-month trial of H-wave home care system therapy was recommended. The treater indicates on his 07/10/2013 progress report that the patient has had physical therapy and/or exercise and that TENS is not indicated for the patient's complaints/goals. This was a checked box item and no discussion is provided. In this report, there is another box for home trial of TENS, but this box is not checked. It would appear that the patient has not had a trial of TENS unit in the past. The MTUS guidelines indicate that an H-wave unit is not recommended as an isolated intervention, but a 1-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 medications, plus TENS unit therapy. Since the treater's reports do not indicate the patient having tried a TENS unit, the request for H-wave cannot be recommended for authorization. It should be noted that the utilization review letter from 7/17/13 did modify the request to a month rental of TENS to satisfy MTUS guidelines requirement. Recommendation is for denial.