

Case Number:	CM13-0015023		
Date Assigned:	10/04/2013	Date of Injury:	05/24/2008
Decision Date:	01/13/2014	UR Denial Date:	07/26/2013
Priority:	Standard	Application Received:	08/21/2013

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 Internal Medicine, 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:

This patient is a 41-year-old female, status post shoulder surgery secondary to instability. The notes indicate that the patient is being treated currently with medications, physical therapy and a home rehabilitation program. The clinical notes provided for review indicate that on 08/06/2013, the patient was evaluated at 6 months postoperative. The notes indicated that the patient had no further shoulder instability and that the patient's range of motion and strength were improved; however, the patient continued to have shoulder pain located anteriorly and posteriorly. The patient also had a complaint of low back pain. The notes indicated that the patient was being treated with methadone and that the patient also found that H-wave and massage therapy were helpful. The notes indicated that the patient was no longer using Norco or Soma. The treatment plan notes indicated that the patient was to continue with her shoulder rehabilitation program with home exercises as well as the use of ice and anti-inflammatory medications and avoidance of any aggravating activities in an attempt to control her pain. The notes indicated also that the patient underwent a postoperative glenohumeral joint space injection with cortisone and lidocaine which provided significant pain relief. The notes indicate that the patient was indicated as a possible future candidate for a total shoulder replacement. A letter of reconsideration dated 08/05/2013 indicated that the primary rationale for provision of an H-wave device for the patient was to direct care towards functional restoration and for use as an effective non-pharmaceutical treatment option.

IMR ISSUES, DECISIONS AND RATIONALES

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

H-wave trial for one (1) month.: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

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

Decision rationale: The Chronic Pain Guidelines indicate that H-wave stimulation is not recommended as an isolated intervention, but that 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). While the documentation submitted for review details the recommendation for an H-wave unit, there is a lack of documentation submitted for review indicating that the patient's conservative treatment currently with medications and physical therapy has failed to provide the patient with significant pain relief. Furthermore, there is a lack of documentation indicating that the patient has failed with the use of a TENS unit prior to the request for an H-wave trial. The request for H-wave trial for one (1) month is not medically necessary and appropriate.