

Case Number:	CM13-0016706		
Date Assigned:	11/06/2013	Date of Injury:	11/01/2009
Decision Date:	01/24/2014	UR Denial Date:	08/06/2013
Priority:	Standard	Application Received:	08/26/2013

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 patient is a 53-year-old female who reported a work-related injury on 11/01/2009. The specific mechanism of injury was not stated. The patient presents for treatment of unspecified disorders of bursae and tendons of the shoulder region. The patient is status post a right shoulder arthroscopy, subacromial decompression and debridement as of 02/05/2013. The clinical notes evidence the patient utilized a TENS unit prior to use of an H-Wave for her pain complaints. The patient reported the TENS unit did not provide satisfactory or adequate relief of her pain complaints per clinical note dated 04/01/2013. After 69 days of use of an H-Wave, the clinical note dated 06/09/2013 reported the patient was utilizing an H-Wave for her shoulders, arms, and fingers. The H-Wave has helped the patient with her pain complaints and afforded the patient a decrease in medication use. The patient reports being able to lift more, participate in activities of daily living, and sleep better. The patient reported her pain levels prior to the use of an H-Wave were at a 10. The patient reports she utilizes the H-Wave 7 days a week for 45 minutes 2 times a day with 70% resolution of her pain complaints. The clinical note dated 07/03/2013 reports the patient was seen under the care of [REDACTED]. The provider documents the patient, has upon physical exam, forward flexion of 170 degrees to the right shoulder, 140 abduction, 80 external rotation, 60 internal rotation, no painful arc of motion. Neer's impingement sign was negative. Hawkins impingement sign was negative. Labral tests were negative. The patient utilizes Lyrica as needed for her pain complaints. Neurologic testing of the upper extremities shows no significant abnormalities and motor strength was 5/5 throughout.

IMR ISSUES, DECISIONS AND RATIONALES

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

Purchase of H-wave unit: 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): 118.

Decision rationale: The current request is supported. The clinical documentation submitted for review reports the patient has a great deal of positive efficacy noted with utilization of an H-Wave for her chronic pain complaints about the right shoulder status post a work-related injury sustained in 2009 and subsequent surgical interventions performed in early 2013. California MTUS indicates, "H-Wave stimulation is not recommended as an isolated intervention but a 1 month home based trial of H-Wave stimulation may be considered as a non-invasive 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, exercise, and medications plus transcutaneous electrical nerve stimulation." Given that the patient has had a great deal of positive efficacy with utilization of this intervention for her chronic pain complaints about the right shoulder, with reports of successful return to work and decreased medication use, the request for purchase of H-wave unit is medically necessary and appropriate.