

Case Number:	CM13-0017453		
Date Assigned:	10/09/2013	Date of Injury:	07/18/2012
Decision Date:	02/25/2014	UR Denial Date:	08/08/2013
Priority:	Standard	Application Received:	08/22/2013

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 Texas and Oklahoma. 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 56-year-old female who reported an injury on 07/08/2012. The patient is diagnosed with synovitis and tenosynovitis, shoulder strain, and pain in a joint of the shoulder region. The patient was seen by [REDACTED] on 07/22/2013. The patient reported persistent pain. Physical examination was not provided for review. Treatment recommendations included the purchase of an H-Wave stimulation unit.

IMR ISSUES, DECISIONS AND RATIONALES

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

Durable Medical Equipment (DME): H-Wave Device: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 117-121.

Decision rationale: California MTUS guidelines state H-wave stimulation is not recommended as an isolated intervention, but a 1 month home-based trial of an H-wave stimulation may be considered as a noninvasive conservative option for diabetic neuropathic pain or chronic soft tissue inflammation. H-wave stimulation should be used as an adjunct to a program of evidence-based functional restoration, and only following failure of initially-recommended conservative

care. As per the clinical documentation submitted, there is no evidence of a failure to respond to previous conservative treatment, including TENS therapy. There is also no evidence of a comprehensive physical examination on the requesting date of 07/22/2013. There is no evidence of any functional deficits or a clinical rationale as to how this unit would alter the patient's current treatment plan. The medical necessity has not been established. As such, the request is non-certified.