

Case Number:	CM13-0018206		
Date Assigned:	10/11/2013	Date of Injury:	09/07/2008
Decision Date:	01/16/2014	UR Denial Date:	07/23/2013
Priority:	Standard	Application Received:	08/29/2013

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 Occupational 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:

The applicant is a represented [REDACTED] employee, who has filed a claim for chronic shoulder pain reportedly associated with an industrial injury of September 7, 2008. Thus far, the applicant has been treated with the following: Apparent diagnosis of tendonitis; attorney representation; and unspecified amounts of chiropractic manipulative therapy. In a utilization review report of July 23, 2013, the claims administrator denied a request for an H-wave homecare system. The applicant's attorney subsequently appealed. The sole information on file consists of article abstracts recommending or endorsing the use of the H-wave device and self reported surveys from the applicant and device vendor stating the applicant has improved after usage of the H-wave device. The applicant states that he tried other treatments including physical therapy, medications, manipulation and a TENS unit.

IMR ISSUES, DECISIONS AND RATIONALES

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

DME: Home H-wave Device (one month home use evaluation): Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines H-wave stimulation.

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

Decision rationale: As noted on Page 117 of the MTUS Chronic Pain Medical Treatment Guidelines, H-wave homecare systems are, at best, tepidly endorsed in the treatment of chronic

soft tissue inflammation and/or diabetic neuropathic pain in those individuals, who have tried and failed initially recommended conservative care including physical therapy, medications AND conventional TENS therapy. In this case, however, there is no clear evidence that the applicant has tried and failed each of the aforementioned modalities. All the information provided comes from the applicant and/or device vendor. The applicant's present work and functional status are unknown and/or have not clearly detailed. Therefore, the request is not certified.