

Case Number:	CM13-0019584		
Date Assigned:	10/11/2013	Date of Injury:	02/02/2013
Decision Date:	02/06/2014	UR Denial Date:	08/15/2013
Priority:	Standard	Application Received:	09/03/2013

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. 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 51-year-old male who reported an injury on 02/02/2013. The injury occurred while setting up a tent. The patient's initial course of treatment included an unknown duration of physical therapy, an official MRI of the right shoulder that revealed a partial thickness tear of the articular surface of the distal supraspinatus tendon, and an unspecified injection. The patient was subsequently diagnosed with a right shoulder impingement as well as right rotator cuff tear.

IMR ISSUES, DECISIONS AND RATIONALES

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

The request for 1 month use of a Home 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 Transcutaneous Electrotherapy Page(s): s 114-118.

Decision rationale: California MTUS Guidelines do not recommend H-wave stimulation as an isolated intervention, but a 1 month home-based trial may be considered as a conservative option for diabetic neuropathic pain or chronic soft tissue inflammation, if used as an adjunct to a functional restoration program. Criteria for the use of an H-wave include failed conservative care, including physical therapy and medications, plus transcutaneous electric nerve stimulation.

The patient's physical therapy records indicate the patient has improved with therapy. Active range of motion values shows no significant deficit, as right shoulder flexion is 155 degrees and abduction 175 degrees, with normal bilateral reflexes and no sensory deficits. There was also no documentation reporting the patient has had a trial for 30 days of a TENS unit, and there is no discussion as to the effects the medication has had on his functional abilities. The clinical information submitted does not provide objective documentation showing failure of conservative care or a TENS unit trial. As such, the request for 1 month use of Home H-Wave device is non-certified.