

Case Number:	CM13-0019840		
Date Assigned:	10/11/2013	Date of Injury:	09/06/2012
Decision Date:	03/12/2014	UR Denial Date:	08/27/2013
Priority:	Standard	Application Received:	09/05/2013

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. 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 applicant is a represented 46-year-old [REDACTED] employee, who has filed a claim for chronic shoulder pain reportedly associated with an industrial injury of September 6, 2012. Thus far, the applicant has been treated with the following: analgesic medications; work restrictions; muscle relaxant; transfer of care to and from various providers in various specialties; unspecified amounts of physical therapy; and prior shoulder arthroscopy on January 31, 2013. In an utilization review report of August 27, 2013, the claims administrator denied a request for a 30-day rental of an H-Wave home care system. In a September 17, 2013 progress note, it is stated that the applicant has progressed somewhat. The applicant is on Motrin and Norco for pain relief. The patient is using an H-Wave device which he states is improving his range of motion. He has apparently returned to light duty work. 4/5 to 5/5 shoulder strength is noted with 120 to 140 degrees of shoulder flexion and abduction. Additional physical therapy, an ice pack, and work restrictions are endorsed. Norco is renewed.

IMR ISSUES, DECISIONS AND RATIONALES

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

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.

Decision rationale: As noted in the MTUS Chronic Pain Medical Treatment Guidelines, a 30 day trial of an H-Wave home care system is tepidly endorsed in those applicants with chronic soft tissue inflammation under diabetic neuropathic pain that has proven recalcitrant to other appropriate treatment modalities, including analgesic medications, physical therapy, home exercises, and conventional TENS (Transcutaneous electrical nerve stimulation) unit. In this case, however, there is no evidence that a conventional TENS unit has been tried and/or failed. It is further noted that the applicant appears to be tolerating oral medications, including Norco, and physical therapy without any seeming difficulty, impediment, and/or impairment. He has returned to modified work through some combination of the same. The applicant's successful response to physical therapy and oral Norco effectively obviates the need for the H-Wave device. Accordingly, the request is not certified, on independent medical review.