

Case Number:	CM13-0021497		
Date Assigned:	11/20/2013	Date of Injury:	11/02/2011
Decision Date:	02/06/2014	UR Denial Date:	08/22/2013
Priority:	Standard	Application Received:	09/09/2013

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 [REDACTED] employee who has filed a claim for chronic shoulder pain reportedly associated with an industrial injury of November 2, 2011. Thus far, the applicant has been treated with the following: Analgesic medications; transfer of care to and from various providers in various specialties; prior shoulder surgery; unspecified amounts of physical therapy; topical compounds; and a shoulder corticosteroid injection. In a utilization review report of August 22, 2013, the claim's administrator denied a request for an H-Wave homecare system device purchase. The applicant's attorney subsequently appealed. An earlier office visit of May 28, 2013 is notable for comments that the applicant was given a prescription for Sonata for sleep. It is stated that the applicant should be provided either a TENS unit or an H-Wave unit. The applicant is kept off of work, on total temporary disability. In an applicant/vendor questionnaire of June 4, 2013, it is stated that the applicant felt better using an H-Wave device as compared to previously usage of a TENS unit.

IMR ISSUES, DECISIONS AND RATIONALES

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

One home H-wave device purchase: Upheld

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).

Decision rationale: As noted on page 117 of the MTUS Chronic Pain Guidelines, H Wave homecare systems are recommended on a one-month trial basis only in those individuals in whom other appropriate conservative interventions, including physical therapy, medications, home exercises, and a conventional TENS unit, have been trialed and/or failed. In this case, the May 28, 2013 office visit seemingly suggested the applicant has not had a previous trial of a TENS unit. While the applicant and vendor have apparently reported that the applicant has tried TENS unit in their vendor forms, this is not corroborated by the statements of the attending provider in the medical records provided for review. While the applicant and vendor have apparently stated that the applicant has had a successful trial of an H-wave device in the past, this is, again, not corroborated in the medical records. The documentation of the attending provider does not entirely corroborate what was suggested by the applicant and H-Wave vendor. For all of these reasons, then, the request for one home H-wave device purchase is not medically necessary and appropriate.