

Case Number:	CM13-0022388		
Date Assigned:	12/11/2013	Date of Injury:	06/28/2012
Decision Date:	02/26/2014	UR Denial Date:	08/01/2013
Priority:	Standard	Application Received:	09/11/2013

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 orthopedic surgery and is licensed to practice in Texas. 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 40-year-old male who reported an injury on 06/28/2012. The patient was diagnosed with status post right shoulder arthroscopic decompression, biceps tendinosis, and distal clavicle excision. The patient was also diagnosed with flare of neck symptoms, possible right cervical radiculitis, and shoulder sprain/strain. The patient underwent a right shoulder arthroscopic glenohumeral debridement, subacromial decompression, glenohumeral ligament synovectomy, biceps tenodesis, and distal clavicle excision on 11/29/2002. The patient complained of pain when lifting his arm above his head. The patient also complains of tenderness in his shoulder and soreness on the right side of his neck. The patient's objective findings indicated good motion of the right shoulder, full flexion of the cervical spine, mild tenderness to palpation over the right upper trapezius. The patient used an H-wave unit 3 times a week at night for 1 hour at a time which the patient reported decreased his pain by 50%. The patient was not taking any medications for pain. The patient was also treated with physical therapy.

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: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Transcutaneous electrotherapy, Page(s): 114-117.

Decision rationale: The clinical documentation submitted for review does not meet the guideline recommendations. The patient complained of pain and some discomfort to the shoulder. California MTUS Guidelines recommend an H-wave unit for noninvasive conservative therapy for diabetic neuropathic pain. The clinical documentation submitted for review does not establish a diagnosis of diabetic neuropathy. The clinical documentation submitted for review indicates that the patient is not taking any pain medication at this time. The guidelines do not recommend an H-wave unit as a primary treatment modality. Given the lack of documentation submitted to meet guideline criteria, this request is non-certified.