

Case Number:	CM13-0024436		
Date Assigned:	12/04/2013	Date of Injury:	09/20/2009
Decision Date:	02/27/2014	UR Denial Date:	09/04/2013
Priority:	Standard	Application Received:	09/16/2013

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 Pennsylvania. 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 63-year-old female with a reported injury date of 09/20/09. She underwent multiple left shoulder surgeries as well as multiple cervical spine fusion procedures. Records suggest a history of chronic neck and shoulder pain. Her treating physician has indicated that she uses an H wave stimulator daily on her neck and shoulders and reports that she has had use the machine for the past couple of years. Her physician has suggested that she requires fewer oral pain medications with use of the H wave stimulator and "has overall improvement in function". Additional information suggests that she has improvement in her ability to do her hair, makeup and dress herself. The patient reportedly has failed previous physical therapy and a TENS unit was not effective.

IMR ISSUES, DECISIONS AND RATIONALES

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

H-Wave machine for purchase with Provision, supplies including electrodes: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Neck and Upper Back Complaints, Shoulder Complaints.

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

Decision rationale: California MTUS Guidelines may support an H wave stimulator after one month home based trial for chronic soft tissue inflammation when patients fail initial conservative care. According to the records provided, the patient has successfully used this device with improvements in pain and function. The patient's prior use would seem analogous to a home based trial and the records suggest the patient's use has been successful. It is doubtful that the patient would be a good surgical candidate given the history of multiple prior surgeries and the information provided in this setting, an H wave stimulator may be useful and Guidelines may support use based on the information reviewed.