

Case Number:	CM13-0026839		
Date Assigned:	01/10/2014	Date of Injury:	01/21/2005
Decision Date:	05/29/2014	UR Denial Date:	09/10/2013
Priority:	Standard	Application Received:	09/19/2013

HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to an expert reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The expert reviewer is Board Certified in Physical Medicine and Rehabilitation, has a subspecialty in Pain Management 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 expert 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:

This patient is a 55-year-old female with date of injury 01/21/2005. Per the treating physician's report, 08/26/2013, the request is for 3 months' H-wave home care system to address this patient's pain. The patient exhibits impaired activities of daily living. A 07/22/2013 report is a narrative report. The patient has right shoulder pain with a list of current medications of MS Contin 15 mg, 30 mg and Norco 10/325 three times a day. Electromyography/nerve conduction studies on 06/21/2010 were negative. MRI from 12/11/2009 of the right shoulder revealed postsurgical changes related to rotator cuff repair and acromioplasty, range of motion showed restricted range of motion of the shoulder at 160 degrees, motor examination was 4/5 for shoulder abduction on both sides as well as external rotation. Diagnosis was that of shoulder pain. The H-Wave unit helps to relax her muscles. She uses it twice a day, 20 minutes at a time with relief for a couple of hours after use, reduces pain from 6/10 to 2/10.

IMR ISSUES, DECISIONS AND RATIONALES

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

An H-wave unit: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines H-Wave Page(s): 117-118.

Decision rationale: This patient presents with chronic shoulder pain having underwent shoulder arthroscopic surgery in the past. The current request was for H-wave unit for home use. Review of the reports show that the patient was tried on H-wave for home use per report on 06/17/2013. On this report, the patient's listed medications for opiates were MS Contin 15 mg in the morning, 30 mg twice a day, along with Norco 10/325 three tablets a day. The treating physician reports on 07/22/2013 the following visit, that H-wave unit has been helpful reducing the patient's pain from 06/10 to 2/10. However, the listed medications were the same at MS Contin 15 mg 1 a day, 30 mg twice a day, and Norco 3 times a day. Report from 09/16/2013 has the same list of medications. MTUS Guidelines allow for home use of H-wave unit after failure of conservative care including TENS unit. H-wave home use also requires a 1-month trial of H-wave unit during which time, pain reduction and functional improvement must be documented. In this patient, it appears that the patient was tried on home use H-wave unit in 06/17/2013. The patient was reevaluated on 07/22/2013 where the provider indicated that the patient significantly benefits. However, review of the reports did not show any reduction in use of medications. The amount of medications prescribed remained the same. Furthermore, there was no documentation of significant changes on the patient's activities of daily living or the level of function. Without these documentations, permanent home use of H-wave unit is not supported. Therefore, the requested H-Wave unit is not medically necessary at this time.