

Case Number:	CM13-0027323		
Date Assigned:	11/01/2013	Date of Injury:	11/19/2011
Decision Date:	02/04/2014	UR Denial Date:	09/16/2013
Priority:	Standard	Application Received:	09/20/2013

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 Neurology has a subspecialty in Neuromuscular 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:

██████████ is a 57 year old man who sustained a work related injury on November 19 2014. The patient developed right shoulder pain with limited range of motion and altered activity of daily living. According to the note of August 6 2013, the patient continued to have right shoulder pain and weakness that did not respond to conservative therapies. The patient was reported to be resistant to physical therapy and TENS. The provider requested a trial for a one month evaluation of H-wave stimulation.

IMR ISSUES, DECISIONS AND RATIONALES

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

H-Wave system to include one month home use evaluation: 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 H-Wave Stimulation Page(s): 118.

Decision rationale: According to the California MTUS Guidelines, H-wave stimulation is not recommended as an isolated intervention, but a one month home based trial of H- wave stimulation may be considered as a non invasive conservative option for diabetic neuropathy or chronic soft tissue inflammation if used in adjunct to a program of evidence based functional

restoration and only following failure of initially recommended conservative care. The patient selective criteria included a physician documented diagnosis of chronic soft tissue injury, or neuropathic pain that was unresponsive to conservative therapies. There is no objective and recent documentation of the patient recent response and failure to attempted conservative therapies, no documentation of physical examination and no clear documentation of a plan to use a functional restoration program in parallel to H-wave stimulation. Therefore, the prescription of home H-wave system to include one month home use evaluation is not medically necessary.