MAXIMUS Federal Services

Case Number:	CM13-0027631		
Date Assigned:	12/11/2013	Date of Injury:	06/28/2011
Decision Date:	05/05/2014	UR Denial Date:	09/11/2013
Priority:	Standard	Application Received:	09/23/2013

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 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 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 is a male patient with the date of injury of June 28, 2013. A utilization review determination dated September 11, 2013 recommends non-certification of Home H-wave device three (3) month extension for the left shoulder. The previous reviewing physician recommended noncertification of Home H-wave device three (3) month extension for the left shoulder due to lack Final Determination Letter for IMR Case Number [redacted] of documentation that prior use resulted in functional improvement. A Progress Report Addendum, dated July 25, 2013 identifies that the patient has already tried physical therapy and or exercise and a clinical or home trial of TENS. A Progress Report dated August 5, 2013, identifies that the patient currently complains of moderate sharp pain in the left neck and shoulder, worse with lifting. The physical examination identifies that the range of motion of the left shoulder is flexion to 120 passively, 40 IR, ER 40, and very painful motion. The diagnoses identify brachial neuritis NOS, sprain acromioclavicular, and rotator cuff syndrome. The treatment plan identifies finish physical therapy (PT), and the left subacromial space was injected. A Progress Report Addendum dated August 22, 2013, identifies subjective complaints of pain and impaired activities of daily living. The treatment plan indicates continue with the EWL H-wave homecare system for 3 months.

IMR ISSUES, DECISIONS AND RATIONALES

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

HOME H-WAVE DEVICE 3 MONTH EXTENSION FOR LEFT SHOULDER: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines H-WAVE STIMULATION (HWT),.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines TRANSCUTANEOUS ELECTROTHERAPY AND H-WAVE STIMULATION (HWT), Page(s): 114, 117-118.

Decision rationale: The Chronic Pain Medical Treatment Guidelines state that electrotherapy represents the therapeutic use of electricity and is another modality that can be used in the treatment of pain. The Guidelines go on to state that 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 noninvasive conservative option for diabetic neuropathic pain, or chronic soft tissue inflammation if used as an adjunct to a program of evidence-based functional restoration, and only following failure of initially recommended conservative care, including recommended physical therapy and medications plus transcutaneous electrical nerve stimulation. Within the documentation available for review, it is stated that the patient has undergone physical therapy and a clinical tens unit trial. However, there is no indication as to how much physical therapy the patient has undergone, and what the specific response to that therapy might have been. Additionally, it is unclear whether the patient underwent a thirty (30) day tens unit trial as recommended by guidelines. There is no statement indicating how frequently the tens unit was used, and what the outcome of that tens unit trial was for this specific patient. Furthermore, there is no documentation that the patient has had a successful H-wave trial with documentation of analgesic response and objective functional improvement. In the absence of such documentation, the currently requested home H-wave device three (3) month extension for the left shoulder is not medically necessary.