

Case Number:	CM13-0031025		
Date Assigned:	12/04/2013	Date of Injury:	10/23/2008
Decision Date:	01/31/2014	UR Denial Date:	09/20/2013
Priority:	Standard	Application Received:	10/02/2013

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 occupational medicine, has a subspecialty in 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:

The applicant is a [REDACTED] employee who has filed a claim for chronic bilateral shoulder pain reportedly associated with an industrial injury of October 23, 2008. Thus far, the applicant has been treated with the following: Analgesic medications; prior left shoulder surgery; psychotropic medications; and the apparent imposition of permanent work restrictions. The applicant has not returned to work with said limitations in place. The applicant, it is incidentally noted, has developed derivative depression and also has comorbid hypertension. In a utilization review report of September 20, 2013, H-Wave home care rental system 30 day rental was denied. However, the rationale for the denial was not attached. An earlier December 20, 2012 note is notable for comments that the applicant is off of work and unemployed. An October 10, 2013 progress note is notable for comments that the applicant reports persistent 5 to 8/10 pain. He is again described as unemployed despite two prior shoulder surgeries. He is given refills of Norco and Flexeril. It is stated that the applicant is deriving appropriate analgesia through usage of Norco. It is acknowledged that the applicant has not previously tried and failed a TENS unit before the H-wave device was sought.

IMR ISSUES, DECISIONS AND RATIONALES

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

H-wave unit 30 day rental bilateral shoulders: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 117-118.

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

Decision rationale: The Physician Reviewer's decision rationale: 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 (Julka, 1998) (Kumar, 1997) (Kumar, 1998), 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 (i.e., exercise) and medications, plus transcutaneous electrical nerve stimulation (TENS).