

Case Number:	CM13-0032286		
Date Assigned:	12/20/2013	Date of Injury:	09/22/2003
Decision Date:	03/20/2014	UR Denial Date:	09/24/2013
Priority:	Standard	Application Received:	10/07/2013

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 Physical Medicine & Rehabilitation and is licensed to practice in Illinois. 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 54 year old female who reported an injury on 09/22/2003. She was seen on 09/24/2013 for a left shoulder complaint. The note indicated she has had a long course of neurosurgical evaluation and treatment. It was also noted she underwent cervical spine fusion. She had an MRI of the shoulder which showed a posterior labral injury and partial thickness cuff injury. Her treatment included physiotherapy, injections, medication, and activity modification. The exam noted she continued to exhibit a positive impingement test and did not exhibit instability with labral testing. She was recommended arthroscopy with rotator cuff repair, acromioplasty, and debridement of the glenoid labrum.

IMR ISSUES, DECISIONS AND RATIONALES

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

H-Wave treatment, 30 day trial: 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): 117-118.

Decision rationale: CA MTUS does not recommend H-Wave stimulation as an isolated intervention, but a one-month home-based trial may be considered as a noninvasive conservative

option for diabetic neuropathic pain 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. The documentation submitted did not provide outcomes for the patient's conservative treatments, including physical therapy, medications, and TENS. As such, the request is non-certified.