MAXIMUS Federal Services

Case Number:	CM13-0032548		
Date Assigned:	12/11/2013	Date of Injury:	11/28/2006
Decision Date:	05/14/2014	UR Denial Date:	09/20/2013
Priority:	Standard	Application Received:	10/08/2013

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 Emergency Medicine and is licensed to practice in New York and Tennessee. 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:

The patient is a 60-year-old male who was injured on November 28, 2006. The patient continued to experience left shoulder pain. Physical examination was notable for positive painful arc of motion, positive impingement, and positive tenderness over the anterior acromion. Diagnosis was left shoulder recurrent subacromial impingement. The patient underwent arthroscopic surgery of the left shoulder on March 26, 2013. Postoperative treatment included physical therapy. The patient underwent a trial of the H wave device. The patient achieved relief from both treatment modalities. Request for authorization for purchase of Home H-wave device was submitted for consideration.

IMR ISSUES, DECISIONS AND RATIONALES

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

PURCHASE OF AN H WAVE DEVICE: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG).

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

Decision rationale: H-wave stimulation (HWT) 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 (i.e., exercise) and medications, plus transcutaneous electrical nerve stimulation (TENS). There is no evidence that H-Wave is more effective as an initial treatment when compared to TENS for analgesic effects. In this case the patient had undergone surgery on his left shoulder in March 2013. There is no documentation of a TENS trial postoperatively. In addition documentation supports that the patient was successful with physical therapy. The device is recommended after the failure of conservative therapy. That is not the case with this patient. The request should not be authorized.