

Case Number:	CM13-0034461		
Date Assigned:	12/18/2013	Date of Injury:	11/15/2011
Decision Date:	02/19/2014	UR Denial Date:	09/20/2013
Priority:	Standard	Application Received:	10/15/2013

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 and Rehabilitation and is licensed to practice in Oklahoma and Texas. 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 43-year-old female who reported an injury on 11/15/2011. The mechanism of injury was not provided. The clinical documentation indicated the patient had complaints of pain and exhibited impaired range of motion as well as impaired activities of daily living. The patient's diagnoses were noted to include right shoulder arthroscopy and shoulder pain. The request was made for an H-Wave device for a 1-month home use evaluation.

IMR ISSUES, DECISIONS AND RATIONALES

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

Rental of Home H-Wave device one month home use evaluation: Upheld

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

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

Decision rationale: California MTUS guidelines do not recommend H-wave stimulation as an isolated intervention, however, recommend a one-month trial for neuropathic pain or chronic soft tissue inflammation if used as an adjunct to a program of evidence based 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).

The clinical documentation submitted for review indicated the patient had trialed physical therapy and/or exercise, a TENS unit, and medication, and all of the above had failed. There was a lack of documentation indicating the patient would be using the H-Wave stimulation as an adjunct to a program of evidence-based restoration. Given the above, the request for Rental of Home H-Wave device one month home use evaluation is not medically necessary.