

Case Number:	CM13-0036378		
Date Assigned:	12/13/2013	Date of Injury:	08/27/2009
Decision Date:	02/19/2014	UR Denial Date:	09/17/2013
Priority:	Standard	Application Received:	10/21/2013

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 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 patient is a 57-year-old female who reported an injury on August 27, 2009. The patient was diagnosed with left shoulder dislocation, status post rotator cuff repair and history of left shoulder rotator cuff repair. The patient was seen by [REDACTED] on August 28, 2013. The patient reported persistent pain with limited range of motion. Physical examination was not provided. Treatment recommendations included a trial of an H-wave home care system.

IMR ISSUES, DECISIONS AND RATIONALES

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

Home H-Wave Device: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM. Decision based on Non-MTUS Citation ODG

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines H-wave stimulation (HWT) Page(s): 117-121.

Decision rationale: The California MTUS Guidelines state that H-wave stimulation is not recommended as an isolated intervention, but a 1 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. H-wave stimulation should be used as an adjunct to a program of evidence-based functional restoration and only following the failure of initially recommended

conservative care. As per the clinical notes submitted, there is no evidence of a recent failure to respond to conservative treatment, including physical therapy, medications and transcutaneous electrical nerve stimulation. There is no mention of any previous clinical use of an H-wave unit, including a 1 month home-based trial. Based on the clinical information received, the request for an H-wave home unit is non-certified.