

Case Number:	CM13-0044614		
Date Assigned:	12/27/2013	Date of Injury:	11/17/2011
Decision Date:	02/21/2014	UR Denial Date:	10/22/2013
Priority:	Standard	Application Received:	10/30/2013

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 Orthopedic Surgery, 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:

This 56-year-old claimant sustained a right shoulder injury on 11/17/11. She underwent a surgery for the right shoulder in the form of arthroscopy with subacromial decompression, distal clavicle excision, rotator cuff repair, SLAP lesion repair and biceps tenodesis. The H wave has been used as an adjunct to a home exercise program to help improve motion and function. A purchase of the H wave unit has been requested.

IMR ISSUES, DECISIONS AND RATIONALES

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

An H-Wave unit purchase: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines.

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

Decision rationale: Purchase of an H wave stimulator would not be considered medically appropriate based on the records provided in this case and the CA MTUS Chronic Pain 2009 Guidelines. Although it is documented that the H wave unit has been helpful in improving function and decreasing medication use, the last office note provided dated 11/11/13 documents excellent range of motion. The claimant continues to take Naproxen and Norco for shoulder

pain. If one looks towards the California MTUS Chronic Pain 2009 Guidelines, an H wave can be utilized for chronic soft tissue inflammation as an adjunct to a program of evidenced based functional restoration and only following failure of conservative care to include physical therapy, medications and a TENS unit. The CA MTUS Guidelines specifically state that a one month trial is appropriate and that trial periods of more than one month should be justified by documentation submitted for review. Rental of the unit is preferred over purchase. At this juncture, this claimant is far out from surgery and has an excellent range of motion, has been released to work and felt to be at a permanent stationary level. The request for an H-Wave unit purchase is not medically necessary or appropriate.