

Case Number:	CM13-0045789		
Date Assigned:	12/27/2013	Date of Injury:	05/12/2011
Decision Date:	03/07/2014	UR Denial Date:	10/15/2013
Priority:	Standard	Application Received:	11/12/2013

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 New York 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 48-year-old female who reported an injury on 05/12/2011. The patient is currently diagnosed with shoulder joint pain. The patient was seen by [REDACTED] on 09/23/2013. The patient reported ongoing pain with impaired range of motion. The physical examination was not provided. The treatment recommendations included a 30 day evaluation 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: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG Treatment Guidelines.

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

Decision rationale: The California MTUS Guidelines state 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 failure of initially recommended

conservative care, including physical therapy, medications, and TENS therapy. As per the documentation submitted, there is no evidence of a physical examination on the requesting date of 09/23/2013. Therefore, there is no evidence of chronic soft tissue inflammation or diabetic neuropathic pain. Although it is noted that the patient has failed treatment with medication, physical therapy, and TENS therapy, documentation of a previous course of physical therapy or a previous trial of TENS therapy was not provided for review. There is also no evidence of this patient's active participation in a program of evidence based functional restoration to be used in conjunction with H-wave stimulation. Based on the clinical information received and the California MTUS Guidelines, the patient does not currently meet criteria for the requested service. As such, the request is non-certified.