

Case Number:	CM13-0045997		
Date Assigned:	12/27/2013	Date of Injury:	11/11/2008
Decision Date:	05/22/2014	UR Denial Date:	10/09/2013
Priority:	Standard	Application Received:	11/12/2013

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 Physical Medicine & 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 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 injured worker is a 42-year-old female who reported an injury on 11/11/2008 due to training in a nonergonomically correct chair. The injured worker reportedly sustained an injury to her right shoulder. Treatment history included right shoulder surgery, multiple, medications, physical therapy, and a TENS unit. The injured worker was evaluated on 10/20/2013 after a 30 day trial of an H-wave unit for the shoulder. It was documented that the injured worker had a reduction in pain from 7/10 to 0/10, and a 20% increase in range of motion that allowed for increased functional capabilities. The injured worker was again evaluated on 10/24/2013. It was documented that she had left shoulder pain and weakness rated at 4/5 and was status post right shoulder arthroscopy. The injured worker's diagnoses include cervical spine radiculitis with disc injury, cubital tunnel syndrome, lateral epicondylitis, sprain/strain of the right wrist, compensatory injury to the left shoulder, and status post right shoulder arthroscopic surgery. The injured worker's treatment plan included 3 additional months of H-wave therapy treatment.

IMR ISSUES, DECISIONS AND RATIONALES

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

H-WAVE PURCHASE FOR RIGHT SHOULDER: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 117-118.

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

Decision rationale: The clinical documentation submitted for review does indicate that the injured worker is currently participating in physical therapy post surgically after arthroscopic surgery of the right shoulder. The California Medical Treatment Utilization Schedule recommends H-wave therapy for injured workers who are unresponsive to conventional therapy including physical therapy, medications, and a TENS unit. As the injured worker is currently participating in postsurgical physical therapy, the outcome of that therapy would need to be provided prior to the determination of the use of an H-wave stimulation unit. The California Medical Treatment Utilization Schedule does indicate that it is appropriate to allow for a trial of H-wave therapy for tissue repair. However, ongoing use must be supported by specific documentation of frequency of use of the unit, and outcomes in terms of pain relief and increased function. The clinical documentation does indicate that the injured worker had a reduction in pain as a result of a trial of an H-wave therapy unit. However, specific increased function and specific documentation of frequency of use was not provided. As such, the request is not medically necessary or appropriate.