

Case Number:	CM13-0052019		
Date Assigned:	12/27/2013	Date of Injury:	06/16/2011
Decision Date:	03/10/2014	UR Denial Date:	11/06/2013
Priority:	Standard	Application Received:	11/14/2013

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 Pain Management, has a subspecialty in Disability Evaluation 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 patient is a 54 year old female who sustained an industrial injury on 01/16/11 when she tripped and fell face first onto her hands and knees. The patient underwent left shoulder arthroscopic subacromial decompression and anterior acromioplasty; rotator cuff, labral, and biceps debridement; biceps tenodesis; partial synovectomy; and distal clavicle excision on 09/12/13. Previous conservative treatment included physical therapy_ and/or exercise, "medications", and clinical or home trial of transcutaneous electrical nerve stimulation. The medication history included Percocet and Tylenol over-the-counter PRN. Hydrochlorothiazide and Tylenol had been prescribed. According to Primary Treating Physician's Progress Report dated 10/15/13, the patient's left shoulder pain had decreased and there was a slight increase in ranges of motion. On examination, left shoulder flexion was to 80 degrees, abduction to 80 degrees, external rotation to 60 degrees and internal rotation to 40 degrees. There was pain at end-range and guarding with active motion. According to Primary Treating Physician's Progress Report Addendum dated 10/24/13, the patient complained of pain and exhibited impaired ranges of motion and activities of daily living. It was documented that TENS was not indicated for the patient's complaints or goals. The patient was diagnosed with status post "left shoulder". This is a request for the medical necessity of home H-wave device one-month trial.

IMR ISSUES, DECISIONS AND RATIONALES

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

HOME H-WAVE DEVICE 1 MONTH TRIAL: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG)

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines H-wave Unit Page(s): 117-118.

Decision rationale: With respect to H-wave stimulation, the guidelines does not recommended it as an isolated intervention, but a one-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 if used as an adjunct to a program of evidence-based functional 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)." . It was noted that TENS was not indicated for this clinical presentation per the provider update of 10/24/13. The reasoning for this determination is not elaborated in the records provided. - In addition, the reasons why the use of an H-Wave unit would be appropriate when the use of a TENS unit. is not are not clearly stated. More important there is no confirmation that the proposed one month trail of an H-Wave unit was to be in conjunction with performance of evidence-based functional restoration program. Therefore, the request for H-wave stimulation one-month home-based trial is not medically necessary.