

Case Number:	CM13-0052429		
Date Assigned:	05/07/2014	Date of Injury:	01/21/2013
Decision Date:	06/11/2014	UR Denial Date:	10/10/2013
Priority:	Standard	Application Received:	11/15/2013

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 and Rehabilitation and is licensed to practice in Illinois. 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 48-year-old male who reported an injury on 01/21/2013. The mechanism of injury was reported to be while trying to open a very heavy door the injured worker felt immediate pain to the right shoulder and elbow. Per the clinical note dated 04/04/2014, the injured worker reported pain to the right shoulder and arm, with no numbness or tingling. He was taking Vicodin in the evening as needed. The physical exam showed full range of motion and strength; however, there was a positive impingement sign. The diagnoses for the injured worker includes right elbow/forearm strain, right shoulder strain, and right shoulder impingement syndrome. Per the clinical note dated 02/07/2014, the injured worker had two (2) cortisone injections and been to physical therapy. Per the clinical note dated 11/07/2013, the injured worker had positive Neer's and Hawkins's to the right shoulder. The MRI dated 08/20/2013 showed infraspinatus calcific tendinitis, mild tendinosis in the subscapularis, mild tendinitis in the biceps and moderate acromioclavicular (AC) osteoarthritis. Per the clinical note dated 07/01/2013, the injured worker received a corticosteroid injection to the right shoulder. The request for authorization for medical treatment was not included in the clinical documentation.

IMR ISSUES, DECISIONS AND RATIONALES

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

PURCHASE OF A H-WAVE UNIT FOR HOME USE: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines H-WAVE STIMULATION (HWT)..

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines TRANSCUTANEOUS ELECTROTHERAPY, Page(s): 117-118.

Decision rationale: The Chronic Pain Guidelines indicate that the H-wave is not recommended as an isolated intervention, but a one-month home-based trial of H-Wave stimulation may be considered as a non-invasive 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, such as exercise and medications, plus transcutaneous electrical nerve stimulation (TENS). The guidelines also indicate that a one-month H-wave trial may be appropriate to permit the physician and provider licensed to provide physical therapy to study the effects and benefits, and it should be documented (as an adjunct to ongoing treatment modalities within a functional restoration approach) as to how often the unit was used, as well as outcomes in terms of pain relief and function. There was a lack of documentation regarding the use of the H-wave unit. There was a lack of objective data regarding functional improvement or pain control during the one (1) month trial. In addition, there was a lack of documentation regarding physical therapy improvements while using the unit. There was a lack of objective data regarding the trial use of the H-wave unit, there was no documentation regarding the efficacy of the treatment. Therefore, the request for the purchase of an H-wave unit for home use is non-certified.