

Case Number:	CM13-0054609		
Date Assigned:	12/30/2013	Date of Injury:	01/24/2013
Decision Date:	03/13/2014	UR Denial Date:	11/08/2013
Priority:	Standard	Application Received:	11/19/2013

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 & Rehabilitation, has a subspecialty in Interventional Spine 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:

The patient is a 63-year-old male with date of injury on 01/24/2013. The progress report dated 09/30/2013 by [REDACTED] indicates that the patient's diagnoses include: (1) Right shoulder labral tear and impingement syndrome, (2) left shoulder impingement syndrome, (3) bilateral shoulder acromioclavicular degenerative joint disease, (4) cervical sprain. The patient continues with bilateral shoulder pain. Physical exam findings indicate mild restriction in range of motion to the bilateral shoulders. There is positive impingement sign bilaterally. There is tenderness to palpation of the bilateral shoulders. There is an addendum report dated 10/28/2013 that appears to be an H-wave vendor form that indicates the patient has been using an H-wave unit for treatment and reports that the patient has had improved function and a decreased need for medication and specifically states the patient reported, "ROM has improved." A request for an additional 3 months of H-wave home care was made. The utilization review letter dated 11/08/2013 issued noncertification of this request.

IMR ISSUES, DECISIONS AND RATIONALES

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

Home H-wave device additional 3 months for the right shoulder: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 8, 117-118.

Decision rationale: The patient appears to continue with bilateral shoulder pain. There is an addendum report that appears to be an H-wave vendor form with general statements of improved function, decreased need for medication, and increased range of motion with use of H-wave therapy and was signed by the treating physician. The progress reports dated 09/30/2013 and 11/11/2013 did not provide any rationale by the treating physician in regards to H-wave therapy. MTUS Guidelines page 8 states that continuation or modification of pain management depends on the physician's evaluation of progress towards treatment objectives. MTUS page 117 and 118 regarding H-wave stimulation states that it is not recommended as an isolated intervention, but a 1-month home based trial of H-wave stimulation may be considered a noninvasive conservative option for diabetic neuropathic pain or chronic soft tissue inflammation if used as an adjunct a program of evidence-based functional restoration, and only following failure of initially recommending conservative care including recommended physical therapy and medications plus TENS unit therapy. MTUS further states that 1-month H-wave therapy trial may be appropriate to study the effects and benefits, and it should be documented as to how often the unit was used as well as outcomes in terms of pain relief and function. Rental would be preferred over purchase during this trial. Trial periods of more than 1 month should be justified by documentations submitted for review. It would appear based on review of the reports that the patient has not tried a conventional TENS unit which may well provide similar reduction of pain. Furthermore, the treater does not discuss the patient's benefit. All of the documentation for H-wave unit was provided by the vendor. MTUS guidelines page 8 require physician monitoring of the patient's progress. Recommendation is for denial.