

Case Number:	CM13-0057536		
Date Assigned:	12/30/2013	Date of Injury:	09/18/2012
Decision Date:	05/16/2014	UR Denial Date:	10/29/2013
Priority:	Standard	Application Received:	11/25/2013

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 62-year-old male who reported injury on 09/18/2012. The clinical documentation indicated the injured worker had a cumulative trauma. The documentation of 10/07/2013 revealed the injured worker had slight improvement in active range of motion; however, was stiff and weak with pain at the end point range of motion. The physical examination of the shoulder revealed multiple healed portals. The injured worker had 125 degrees of active range of motion of the left shoulder, abduction to 100 degrees, elevation to 25 degrees, and internal rotation to PSIS and external rotation to 25 degrees. The diagnoses included status post left shoulder arthroscopy with debridement of capsular adhesions, superior labral tear, and a subacromial release of the coracoid ligament. Treatment recommendation included the injured worker would proceed with physical therapy and as authorized continue a home exercise program as well as taking over-the-counter NSAIDs. The documentation of 10/15/2013 revealed a progress report addendum with a prescription for the trial of an H-wave home care system. It was indicated the injured worker had trialed physical therapy, medications, and a TENS unit.

IMR ISSUES, DECISIONS AND RATIONALES

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

A ONE (1) MONTH TRIAL FOR AN H-WAVE UNIT FOR HOME USE: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG PAIN (UPDATED 10/6/13), H-WAVE STIMULATION (HWT).

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

Decision rationale: California MTUS guidelines do not recommend H-wave stimulation as an isolated intervention, however, it is recommended as a one-month trial for neuropathic pain or chronic soft tissue inflammation if used as an adjunct to a program of evidence based 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). The clinical documentation submitted for review indicated the injured worker to be performing a home exercise program. Given the above, the request for 1 month trial for an H-wave unit for home use is medically necessary.