

Case Number:	CM13-0061248		
Date Assigned:	12/30/2013	Date of Injury:	05/13/2013
Decision Date:	04/11/2014	UR Denial Date:	11/06/2013
Priority:	Standard	Application Received:	12/04/2013

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 Family Practice and is licensed to practice in Texas. 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 patient is a 68-year-old male who reported an injury on 05/13/2013, after he was hit by an automobile in the work place parking lot. The patient ultimately developed significant right shoulder pain that ultimately resulted in surgical intervention. Prior to surgery, the patient was treated with physical therapy, medications, and a TENS unit. It was noted the patient received H-wave therapy during physical therapy prior to surgery, which provided positive results. The patient's most recent clinical evaluation documented that the patient had bilateral impingement sign, positive empty can test, positive Apley's scratch test, and positive lift-off test with normal range of motion. The request was made for an H-Wave unit and supplies.

IMR ISSUES, DECISIONS AND RATIONALES

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

H-WAVE UNIT AND SUPPLIES (RENTAL OR PURCHASE): Upheld

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

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

Decision rationale: The Chronic Pain Guidelines recommend this type of therapy when the patient has failed to respond to other conservative treatments. The clinical documentation

submitted for review does provide evidence that pre-surgically, the patient failed to respond to a TENS unit, physical therapy, and medications. However, the patient's most recent clinical documentation does show evidence that the patient had a positive response to physical therapy after surgical intervention. Additionally, the request as it is written does not clearly identify whether the H-wave unit is for rental or purchase. The Guidelines recommend a trial that produces documented functional benefit and pain relief to support the purchase of this type of equipment. The clinical documentation submitted for review does not provide any evidence that the patient has undergone a home-based thirty (30) day trial. Therefore, the purchase of this equipment would not be indicated. As such, the requested H-wave unit and supplies is not medically necessary or appropriate.