

Case Number:	CM13-0061843		
Date Assigned:	12/30/2013	Date of Injury:	02/28/2007
Decision Date:	04/03/2014	UR Denial Date:	11/26/2013
Priority:	Standard	Application Received:	12/05/2013

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 Orthopedic Surgery, and is licensed to practice in Texas, Indiana, Michigan and Nebraska. 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 54-year-old male who reported an injury on 02/28/2007. The mechanism of injury was not provided. The progress report dated 11/12/2013 indicated the patient was seen for an initial postoperative examination of the left shoulder. The patient reported his pain to be 0/10 to 1/10. With movement, the pain increased to 3/10 to 5/10. The patient reported he completed 7 or 8 of 12 sessions of physical therapy. The patient found physical therapy to be helpful. The patient was doing a home exercise program daily. The patient reported he had been utilizing a TENS unit periodically and physical therapy. The patient reported that he had used the TENS unit for 20 minutes along with ice applications and that his pain had dropped for 3 hours following the TENS unit use coupled with physical therapy. The patient had not yet tried an H-wave unit. Upon examination, elevation was 180/70, abduction was 170/170, internal rotation was 80/75, and external rotation was 40/85. Upon palpation there was pain over the anterolateral aspect of the left shoulder. The patient was able to abduct on the left no better than 70 degrees and had pain in the deltoid on provocation with resistance against the abduction. The empty can test and the drop-arm tests were both positive. There was slight discomfort on Hawkins and Neer's. There is documentation indicating a 30 days trial of H-wave was being requested to assist in the patient's recovery.

IMR ISSUES, DECISIONS AND RATIONALES

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

H-wave for home use, 30 day trial: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

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

Decision rationale: The request for H-wave for home use, 30 days trial is non-certified. California MTUS states H-wave stimulation (HWT) is not recommended as an isolated intervention, but a 1 month home trial basis of H-wave stimulation may be considered as a non-invasive conservative option for diabetic neuropathy 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). The records submitted for review indicated the patient found physical therapy to be helpful. The patient was participating in the home exercise program daily. The patient reported that his pain point dropped for 3 hours or so following TENS unit use coupled with physical therapy. The records submitted for review failed to include documentation of diabetic neuropathic pain or chronic soft tissue inflammation to support the use of H-wave stimulation. In addition, the records submitted for review failed to include documentation of failure of conservative care including physical therapy, exercise, medication, and transcutaneous electrical nerve stimulation (TENS). As such, the request for H-wave for home use, 30 days trial is not supported. Therefore, the request is non-certified.