

Case Number:	CM13-0062260		
Date Assigned:	12/30/2013	Date of Injury:	09/06/2012
Decision Date:	04/03/2014	UR Denial Date:	11/21/2013
Priority:	Standard	Application Received:	12/06/2013

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 and 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 46-year-old male with date of injury of 09/06/2012. The listed diagnoses per [REDACTED] dated 10/15/2013 are: 1. Adhesive capsulitis of shoulder. 2. Other affections of shoulder region, NEC. 3. Rotator cuff sprain and strain. 4. Status post right shoulder arthroscopic cap release, 01/31/2013, [REDACTED]. According to progress report dated 10/15/2013 by [REDACTED], the patient continues to improve slowly. The patient states that he notices an increase in his range of motion, but with pain. He performs his home exercise programs regularly and is taking ibuprofen 600 mg 1 to 3 times a day and Norco 5/325 one to two times a day. He continues to use his H-wave unit and applies ice every night. He is currently on light duty capacity and has been tolerating that well. Physical examination of the right shoulder shows active forward flexion of 150 degrees, active abduction of 140 degrees. There is a 10-degree internal rotation contracture. Passive external rotation is 95% of expected range. Rotator cuff testing is 5/5. Treater is requesting the purchase of an H-wave device.

IMR ISSUES, DECISIONS AND RATIONALES

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

H-Wave Device - purchase: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines H-wave stimulation (HWT). Decision based on Non-MTUS Citation ACOEM Guidelines, Recommendation; H-wave stimulation for Low Back Pain, and various articles.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines H-wave stimulation (HWT) Page(s): 117-118.

Decision rationale: This patient presents with chronic shoulder pain. The treater is requesting an H-wave device for purchase. Utilization Review dated 11/21/2013 denied the request stating that outcome reports of the 30-day trial do not document any significant reduction in medication use or the patient's ability to do more work prior to the trial. MTUS Guidelines pages 117 to 118 allows for a 1-month home-based trial of H-wave. Records show that the patient has tried a 3month trial of the H-wave unit and is reporting 60% reduction of pain. Progress report dated 11/05/2013 by [REDACTED], show that the patient reports increased range of motion, decrease use of medication, better quality of sleep and increased ability to perform tasks such as house work with H-Wave use. The patient used the unit 7 times a week for 30 to 45 minutes twice a day. MTUS 9792.2 (F) "functional improvement" means either clinically significant improvement in activities of daily living or reduction in work restrictions as measured during the history and physical exam performed and documented as part of the evaluation and management visit billed under the Official Medical Fee Schedule (OMFS) pursuant to section 7989.10-9789.111 and a reduction in the dependency on continued medical treatment. In this case, the patient has tried the 1-month H-wave trial and is reporting 60% reduction in pain and improvement in his function including decrease of medication use, increased range of motion, ability to perform more activities, and reduced pain. Given that the treater has documented functional improvement, the request for an H-wave device purchase is authorized.