

Case Number:	CM13-0063126		
Date Assigned:	12/30/2013	Date of Injury:	11/22/2012
Decision Date:	04/03/2014	UR Denial Date:	12/04/2013
Priority:	Standard	Application Received:	12/09/2013

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 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 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 59-year-old female who reported an injury on 11/22/2012. The patient is diagnosed with status post right shoulder arthroscopic rotator cuff repair. The patient's symptoms include right shoulder pain with radiating pain into her neck as well as headaches. Her objective findings include decreased range of motion in the right shoulder and tenderness to palpation over the right upper trapezius. The patient's treatments to date include physical therapy, medications, chiropractic care, acupuncture, and electrical stimulation.

IMR ISSUES, DECISIONS AND RATIONALES

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

A 30 day trial of Home H-wave device: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 117.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Transcutaneous Electrotherapy Section Page(s): 117-118.

Decision rationale: According to California MTUS Guidelines, a one month home-based trial of H-wave stimulation may be recommended as an adjunct to physical therapy with evidence of failure of physical therapy, medications, and a TENS unit. The clinical information submitted for review indicates that the patient was involved in postoperative physical therapy and a

recommendation was made for a TENS unit for her shoulder and neck pain at her 11/12/2013 office visit. At her 11/21/2013 office visit, it was noted that a 30 day trial of H-wave was recommended as the patient had failed physical therapy, medications, and a trial of TENS. It does not indicate how long the patient used a TENS unit and how the unit was used including duration of treatment. A 12/26/2013 note indicates that the patient had completed 2 weeks of home use of an H-wave system with benefit by 30% to 50%. It was noted that she was using the unit 4 times per day for 30 to 45 minutes 7 days per week. The clinical information submitted for review indicates that the patient was initially recommended for a trial of a TENS unit on 11/12/2013 and 9 days later it was note that the patient had failed a trial of a TENS unit. Therefore, it is unclear whether the patient only tried a TENS unit for those 9 days which would not represent an adequate trial of a TENS unit. Additionally, as the 12/26/2013 note indicates that the patient has already had a trial of an H-wave unit; it is unclear why a 30 day trial of home H-wave is being requested at this time. In the absence of more details regarding the patient's failure of a TENS unit trial and previous trial of an H-wave, the request is not supported. As such, the request is non-certified.