

Case Number:	CM13-0064434		
Date Assigned:	01/03/2014	Date of Injury:	05/16/2012
Decision Date:	04/15/2014	UR Denial Date:	11/12/2013
Priority:	Standard	Application Received:	12/11/2013

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 Occupational Medicine 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 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 applicant is a represented [REDACTED] employee who has filed a claim for chronic shoulder, arm, and neck pain reportedly associated with an industrial injury of May 16, 2012. Thus far, the applicant has been treated with following: Analgesic medications; prior shoulder arthroscopy and debridement; subsequent development of postoperative adhesive capsulitis; and extensive periods of time off of work, on total temporary disability. On September 17, 2013, the attending provider noted that the applicant was using Vicodin, Naprosyn, Prilosec, and tramadol. The applicant was not working. Overall level of pain was a 6/10. The applicant was given refills for each of the aforementioned medications, asked to procure purchase of the H-Wave device, and remain off of work, on total temporary disability, for an additional one month. Vicodin 7.5/750 was also added for heightened pain complaints. In a Utilization Review Report of November 12, 2013, the claims administrator denied a request for an H-Wave home care system. The applicant's attorney subsequently appealed. Multiple vendor requests for H-Wave home care systems are appreciated, interspersed throughout late 2013. In an October 22, 2013, it is stated that the H-Wave device has helped the applicant more than previous treatments, including physical therapy and medications. The H-Wave device has, by self-reports, helped the applicant by "50%" after 131 days of use. Purchase of the device is requested.

IMR ISSUES, DECISIONS AND RATIONALES

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

PURCHASE OF AN H-WAVE HOME CARE SYSTEM: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines H-Wave stimulation (HWT) Page(s): 148.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines H-Wave Stimulation Page(s): 118.

Decision rationale: According to the California MTUS Chronic Pain Medical Treatment Guidelines, trial periods of more than one month should be "justified" by documentation submitted for review. In this case, the applicant has reportedly used the H-Wave device for a period of 131 days. There has been no lasting benefit or functional improvement effected through prior usage of the same. The applicant remains off of work, on total temporary disability. The applicant remains highly reliant on various analgesic medications, including extra strength Vicodin, tramadol, and Naprosyn. All of the above indicate that the ongoing usage of the H-Wave device has not been successful in that the applicant has failed to affect any lasting benefit or functional improvement through prior usage. Therefore, the request is not certified.