

Case Number:	CM13-0064935		
Date Assigned:	01/03/2014	Date of Injury:	03/01/2010
Decision Date:	05/12/2014	UR Denial Date:	09/25/2013
Priority:	Standard	Application Received:	10/01/2013

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 Physical Medicine & Rehabilitation, has a subspecialty in Pain Management 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:

According to the records made available for review, this is a 58-year-old female with a 3/1/10 date of injury. At the time (9/4/13) of the request for authorization for home H wave device purchase cervical spine left shoulder, there is documentation of subjective (sharp pain to the left thumb extending from the left anterior shoulder down the left arm into the left thumb, numbness in all fingers of the left hand, and pain in the low back radiating to the bilateral buttocks and posterior right leg to the foot) and objective (decreased cervical spine ROM and the patient is hesitant with all lumbar movements) findings, current diagnoses (rotator cuff and adhesive capsulitis of shoulder), and treatment to date (medication and H-wave machine for the left shoulder with application of ice intermittently). There is no documentation of chronic soft tissue inflammation, ongoing treatment modalities within a functional restoration approach, the effects and benefits of the one month trial, how often the unit was used, and outcomes in terms of pain relief and function.

IMR ISSUES, DECISIONS AND RATIONALES

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

HOME H WAVE DEVICE PURCHASE CERVICAL SPINE LEFT SHOULDER: Upheld

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

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints
Page(s): 117-118.

Decision rationale: Final Determination Letter for IMR Case Number [REDACTED] 4 MTUS Chronic Pain Medical Treatment Guidelines identifies that a one-month home-based trial of H-Wave stimulation may be considered as a noninvasive conservative option for chronic soft tissue inflammation 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). In addition, MTUS Chronic Pain Medical Treatment Guidelines identifies that the effects and benefits of the one month trial should be documented (as an adjunct to ongoing treatment modalities within a functional restoration approach) as to how often the unit was used, as well as outcomes in terms of pain relief and function. Within the medical information available for review, there is documentation of diagnoses of rotator cuff and adhesive capsulitis of shoulder. In addition, there is documentation of a trial with the H-wave unit and only following failure of initially recommended conservative care, including recommended physical therapy (i.e., exercise) and medications, plus transcutaneous electrical nerve stimulation (TENS). However, there is no documentation of chronic soft tissue inflammation, ongoing treatment modalities within a functional restoration approach, the effects and benefits of the one month trial, how often the unit was used, and outcomes in terms of pain relief and function. Therefore, based on guidelines and a review of the evidence, the request for home H wave device purchase cervical spine left shoulder is not medically necessary.