

Case Number:	CM13-0072515		
Date Assigned:	01/17/2014	Date of Injury:	05/27/2010
Decision Date:	04/25/2014	UR Denial Date:	12/06/2013
Priority:	Standard	Application Received:	12/31/2013

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 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 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 patient is a 51 year old female with an injury date on 05/27/10. Based on the 08/13/13 progress report provided by [REDACTED], the patient's diagnosis include right shoulder status post arthroscopic Bankart and SLAP repairs, with posterior capsular placcation and right knee-pain, mostly medial and patellofemoral. This progress report continues to state that the patient is taking Tylenol #3, Vicodin, Ultram (which hasn't helped), Zofran, Relafen, and Omeprazole. These medications are to help alleviate the pain the patient is enduring after her Arthroscopic Bankert/Slap repairs which took place on 07/19/13. The 11/22/13 progress report by [REDACTED] mentions that physical therapy, medications, and a clinical/home trial of TENS have already been tried. However, there is no indication as to how the physical therapy, medications, or clinical/home trial of TENS impacted the patient. [REDACTED] is requesting 1 month trial of Home H-wave device E1399. The utilization review determination being challenged is dated 12/05/13 and recommends denial of the 1 month trial of Home H-wave device E1399. [REDACTED] is the requesting provider, and he provided reports from 02/21/13- 11/22/13.

IMR ISSUES, DECISIONS AND RATIONALES

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

1 month Trial of Home H-wave Device: Upheld

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

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

Decision rationale: According to the 08/13/13 progress report provided by [REDACTED], the patient presents with right shoulder status post arthroscopic Bankart and SLAP repairs, with posterior capsular placcation and right knee-pain, mostly medial and patellofemoral. [REDACTED] progress report from 08/13/13 also states that the patient is neurovascular intact distally. The request is for 1 month trial of home H-wave device E1399. The request was denied by utilization review letter dated 12/05/13. The rationale was that there was no evidence that the patient had failed to benefit from medications and physical therapy." MTUS pg. 117, 118 supports a one-month home-based trial of H-Wave treatment as a noninvasive conservative option for diabetic neuropathic 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 (TENS). It appears that the patient has already tried physical therapy, medications, and clinical/home trial of TENS; however, there is no record as to how these impacted the patient. MTUS does not allow H-wave trial unless the patient fails TENS unit, and concurrent use of both of these units are not recommended. Recommendation is for denial.