

Case Number:	CM14-0001974		
Date Assigned:	01/24/2014	Date of Injury:	06/28/2011
Decision Date:	06/16/2014	UR Denial Date:	12/11/2013
Priority:	Standard	Application Received:	01/06/2014

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 Orthopedic Surgery 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 injured worker is a 38-year-old male who reported an injury on 06/28/2011. The mechanism of injury was not provided. The injured worker underwent a distal clavicle excision on 06/07/2013. The documentation of 12/02/2013 revealed that the injured worker had complaints of pain and impaired activities of daily living. The injured worker's diagnosis was pain in joint. The injured worker had been noted to be utilizing the H-wave device since July. The clinical documentation indicated the H-wave assisted the injured worker the same as prior treatments. Other treatments included physical therapy, medications, and chiropractic care. It was documented that the injured worker had 58 days of use and had a 20% improvement and the injured worker reported a decrease in the need for oral medications due to the H-wave device and the ability to perform more activity and greater overall function and the injured worker's example of increased function was a greater ability to relax.

IMR ISSUES, DECISIONS AND RATIONALES

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

PURCHASE OF HOME H-WAVE DEVICE FOR LEFT SHOULDER: 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
Page(s): 117.

Decision rationale: The California MTUS Guidelines do not recommend H-wave stimulation as an isolated intervention. The guidelines recommend it if it is 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, medications, and transcutaneous electrical nerve stimulation. The clinical documentation indicated that the relief was the same as prior treatments. It was indicated that the injured worker had an ability to perform more activity and greater overall function and that the H-wave helped the injured worker relax. The injured worker reported a decrease in the need for oral medications due to the use of the H-wave. However, there was a lack of objective functional benefit and the injured worker indicated the relief was the same as with prior treatments. The H-wave would not be supported. There was a lack of documentation indicating the injured worker would be utilizing the H-wave as an adjunct therapy. Given the above, the request for purchase of a home H-wave device for the left shoulder is not medically necessary.