

Case Number:	CM14-0003953		
Date Assigned:	04/25/2014	Date of Injury:	07/29/2013
Decision Date:	06/02/2014	UR Denial Date:	12/05/2013
Priority:	Standard	Application Received:	01/10/2014

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 Physical Medicine and 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:

The patient is a 35-year-old male with a date of injury of July 29, 2013. The listed diagnosis per [REDACTED] is bursitis of shoulder region. According to report dated November 6, 2013 by [REDACTED] the patient presents with rotator cuff pain and exhibits impaired range of motion. The treater is requesting a 30-day trial of an H-wave unit for the right shoulder. Treatment goals to include reduction of pain and medication, decrease muscle spasm, and to improve functional capacity. The treater states the patient has tried physical therapy. Utilization review is dated December 5, 2013.

IMR ISSUES, DECISIONS AND RATIONALES

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

H WAVE 30 DAY TRIAL FOR THE RIGHT SHOULDER: 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 H-Wave Stimulation Section Page(s): 117,118.

Decision rationale: This patient presents with right shoulder pain. The treater is requesting a 30-day trial of H-wave unit for the right shoulder. According to the Chronic Pain Medical Treatment Guidelines, "H-wave is not recommended as an isolated intervention, but a 1-month, home-based

trial of H-wave stimulation may be considered as a non-invasive 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 after failure of initial recommended conservative care." In this case, as treater's report from November 6, 2013 indicates the patient has only trialed physical therapy thus far. The Chronic Pain Medical Treatment Guidelines considers H-wave only after failure of initially recommended conservative care, including physical therapy, medication, and TENS (transcutaneous electrical nerve stimulation) unit. The request for an H-Wave thirty-day trial for the right shoulder is medically necessary and appropriate.