MAXIMUS Federal Services

Case Number:	CM14-0005326		
Date Assigned:	01/24/2014	Date of Injury:	02/26/2013
Decision Date:	06/26/2014	UR Denial Date:	12/23/2013
Priority:	Standard	Application Received:	01/15/2014

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 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 patient is a 36-year-old female who has submitted a claim for internal derangement of the left shoulder, and adhesive capsulitis, status post left shoulder arthroscopy with rotator cuff repair and subacromial decompression. Medical records from 03/14/2013 to 12/10/2013 were reviewed and showed that patient complained of left shoulder pain associated with stiffness, locking, nocturnal awakening, and severe morning pain. Physical examination showed restricted range of motion as follows: flexion 80 degrees, abduction 40 degrees, and extension 0 degrees. MRI of the shoulder, dated 09/04/2013, showed mild tendinosis of the supraspinatus.

IMR ISSUES, DECISIONS AND RATIONALES

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

HOME H-WAVE DEVICE AND SUPPLIES (RENTAL OR PURCHASE): Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 118-119.

Decision rationale: As stated on pages 118 to 119 of the CA MTUS Chronic Pain Medical Treatment Guidelines, H-wave stimulation is not recommended as an isolated intervention. A one-month home-based trial of H-wave stimulation may be considered as a noninvasive

conservative option for chronic soft tissue inflammation if used as an adjunct to a program of functional restoration, and only following failure of initially recommended physical therapy and medications, plus TENS. In this case, the patient had failed a trial of TENS, as stated in a progress report, dated 11/18/2013. The patient likewise had minimal improvement after her course of physical therapy. Use of H-wave may be an option, however, the present request failed to specify if the unit is for rental or purchase. Therefore, the request for a Home H-Wave Device And Supplies (Rental or Purchase) is not medically necessary.