

Case Number:	CM14-0006869		
Date Assigned:	02/07/2014	Date of Injury:	12/04/2006
Decision Date:	08/07/2014	UR Denial Date:	12/26/2013
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 Anesthesiology, has a subspecialty in Pain Medicine and is licensed to practice in Florida. 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 53-year-old female who reported injury on 12/04/2006. The mechanism of injury was not submitted in the report. The injured worker complained of left shoulder and upper extremity pain. No level of pain was documented. Physical examination dated 10/17/2013 of the left shoulder revealed no gross atrophy or scapular winging with range of motion. Forward flexion on the right was 150 degrees, 105 degrees on the left, abduction was 170 degrees on the right and 60 degrees on the left, and external rotation was 50 degrees on the right and was not taken on the left. Passively, the left shoulder forward flexion could be increased to 115 degrees and passively the left shoulder abduction could not be increased beyond 60 degrees. Motor strength for supraspinatus, internal rotation, external rotation, and deltoids on the left were all 5/5. Impingement sign to the left was positive. Hawkins sign the left was positive. The submitted report lacked any evidence of any diagnostic testing or past treatment the injured worker may have had. The injured worker has a diagnosis of left shoulder adhesive capsulitis. Due to gastrointestinal issues, the injured worker was not on any type of medication. The current treatment plan is for DME - home H-Wave device rental for 30 days for the left shoulder. The rationale was not submitted for review. The request for authorization form was submitted on 11/20/2013.

IMR ISSUES, DECISIONS AND RATIONALES

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

DME -Home H-wave device rental for thirty (30) days for the 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 injured worker complained of left shoulder and upper extremity pain. No level of pain was documented. The California Medical Treatment Utilization Schedule (MTUS) guidelines do not recommend H-wave stimulation as an isolated intervention, however, recommend a one-month trial for neuropathic pain or chronic soft tissue inflammation if used as an adjunct to a program of evidence based 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). Guidelines also stipulate documentation of pain of at least three months duration. Trial periods of more than one month should be justified by documentation submitted for review. As it was noted that the injured worker was treated with physical therapy, it did not show whether it assisted with any functional deficits the injured worker may have had. There was a lack of documentation of objective evidence and physical findings. The Guidelines also recommend a 1-month trial with proper documentation as to how the machine was used, where it was used, and the effectiveness of the H-Wave. The submitted report did not indicate that the injured worker had a diagnosis of neuropathic pain or chronic tissue inflammation. The report indicated that the injured worker had the device for 64 days, and there was only 1 submitted document showing how the injured worker was reacting to the use of the H-Wave device. Furthermore, guidelines stipulate that failure of a TENS unit also be documented before the use of a Home H-wave. There was no documented evidence of such use. As such, the request for DME -Home H-wave device rental for thirty (30) days for the left shoulder is not medically necessary and appropriate.