

Case Number:	CM14-0008401		
Date Assigned:	02/10/2014	Date of Injury:	12/05/2012
Decision Date:	07/11/2014	UR Denial Date:	12/31/2013
Priority:	Standard	Application Received:	01/21/2014

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:

This is a 56-year-old female with a 12/5/12 date of injury. The patient was injured when she tripped and fell. On 12/5/13, the patient had left buttock and lumbosacral pain. The pain radiates down posteriorly. Objective exam shows left shoulder tenderness over the supraspinatus and bicipital groove. There is a positive Impingement's sign. Diagnostic Impression is status post shoulder arthroscopy, left hip pain, Shoulder Impingement Syndrome. Treatment to date: Rotator Cuff Repair, PT x 18 sessions, medication management, activity modification.

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: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Chronic Pain Medical Treatment Guidelines, H-Wave stimulation (HWT) Page(s): 117-118.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Section 9792.24.2 Page(s): 117-118.

Decision rationale: CA MTUS states that a one-month home-based trial of H-wave stimulation may be indicated with chronic soft tissue inflammation and when H-wave therapy will be used as an adjunct to a method of functional restoration, and only following failure of initial conservative care, including recommended physical therapy and medications, plus transcutaneous electrical

nerve stimulation (TENS). However, there is no clear documentation that the patient has failed conservative treatment including medication management and physical therapy. In addition, the guidelines do not generally support the use of an H-wave unit unless the patient has already failed treatment with a TENS unit. There is no documentation that the patient has previously failed a TENS unit. Therefore, the request for an H-Wave 30 day trial was not medically necessary.