

Case Number:	CM14-0008786		
Date Assigned:	02/12/2014	Date of Injury:	06/13/2013
Decision Date:	06/24/2014	UR Denial Date:	01/16/2014
Priority:	Standard	Application Received:	01/22/2014

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 Interventional Spine 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 patient is a 45-year-old female with date of injury of 06/13/2013. Per treating physician report on 12/31/2013, the patient presents with diagnoses of right rotator cuff repair, biceps tendon repair. This report states that the patient complains of pain, impaired range of motion, impaired activities of daily living, and the recommendation was for 30-day evaluation trial of the H-wave home care unit. This report indicates that "TENS is not indicated for patient's complaints/goals" and this appears to be a template-generated report with a check mark next to this particular statement. Furthermore, this report indicates that the patient has tried physical therapy and/or exercise, clinical home trial of TENS and medications, and again, these are check marks next to these listed items. There is a report from 01/28/2014 which is "H-Wave Patient Compliance and Outcome Report". This summary indicates that the patient has tried TENS unit, physical therapy medications and has had 15 days of use of H-wave, and under "Decreased or limited amount of medication taken", he states "eliminated medication use", but under the question "Are you taking medication since the time receiving home H-wave?" it states "yes". For increased function, it states "sleeps better". Percentage improvement H-wave gives is 20%. The medical records include patient's appeal for certification regarding H-wave unit and this handwritten letter is dated 01/22/2013. This letter states "I have used a TENS unit during therapy with no relief". It further states that the patient has been using H-wave at least 3 times a week since December and every day since January 13th, which has been very beneficial, slept through the night for the first time in a very long time, have stopped using the pain medications as well. The request for H-wave was denied by utilization review letter on 01/16/2014, but the physician's rationale is not included for this review.

IMR ISSUES, DECISIONS AND RATIONALES

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

RENTAL OF H-WAVE DEVICE FOR THE RIGHT SHOULDER: Overturned

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines H-WAVE STIMULATION Page(s): 117-118.

Decision rationale: This patient presents with chronic shoulder pain. The request is for rental of H-wave device for 30 days. Unfortunately, the treating physician's report appears to be template-generated with check marks. There are no progresses as to how the patient is doing. There is a recommendation for 1-month home evaluation of H-wave unit. There is also an H-wave home use survey for 15 days. Included in the report is also patient's letter of appeal who indicates with a trial of H-wave unit, patient is able to sleep and take less medications. The patient failed the use of TENS unit trial during therapy and the request is for home rental unit. California MTUS guidelines do support use of H-wave for neuropathic pain as well as "soft tissue inflammation" chronic pain conditions. It recommends H-wave if the patient has failed a trial of TENS unit, and other conservative modalities have failed. Then, 30-day home rental unit is supported. In this case, patient has failed has conservative care, continues to experience shoulder pain, has failed TENS unit and the request for 30-day home rental appears reasonable and consistent with MTUS Guidelines. Therefore the request is medically necessary.