

Case Number:	CM14-0010222		
Date Assigned:	02/21/2014	Date of Injury:	10/15/2012
Decision Date:	06/25/2014	UR Denial Date:	01/13/2014
Priority:	Standard	Application Received:	01/24/2014

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 & 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:

This is a patient with a date of injury of October 15, 2012. A utilization review determination dated January 13, 2014 recommends non-certification for rental of an H wave unit. A progress report dated February 4, 2014 identifies subjective complaints indicating that both shoulders are still bothering him. Objective findings identify some tenderness over the left shoulder proximal bicipital groove. It appears there may be degeneration of the proximal biceps tendon. Diagnoses include resolving pain at the right shoulder AC joint, trapezius related pain in the bilateral shoulder areas as well as bilateral upper arm pain, and proximal rotator cuff irritation. The treatment plan indicates that the patient is currently receiving each wave therapy for the right shoulder and he says it is helpful. Therefore we are going to go ahead and sign further documentation if this is helpful. He believes that the physical therapy is helping his right shoulder, so we will continue that as well. A letter dated January 31, 2014 is a reconsideration for an H wave medical device. The note indicates that the goal is functional restoration. The note goes on to state, "the patient has stated that the device has positively helped as you know, patient compliance and having an optimistic attitude is a major obstacle in patient rehabilitation. Eliminating this device from the patient's treatment program will certainly hinder progress towards increased functional capacity." The note goes on to state, "after the requested 30 day trial period is over, the decision regarding continuation of treatment will be based on the reported measurable benefits derived from the treatment."

IMR ISSUES, DECISIONS AND RATIONALES

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

RENTAL H-WAVE UNIT: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation MTUS: ACOEM, ,

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Chronic Pain Medical Treatment Guidelines 8 C.C.R. §§9792.20 - 9792.26 MTUS (Effective July 18,.

Decision rationale: The California MTUS Chronic Pain Medical Treatment Guidelines state that electrotherapy represents the therapeutic use of electricity and is another modality that can be used in the treatment of pain. Guidelines go on to state that H-wave stimulation is not recommended as an isolated intervention, but a one-month home-based trial of H-wave stimulation may be considered as a noninvasive 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 following failure of initially recommended conservative care, including recommended physical therapy and medications plus transcutaneous electrical nerve stimulation. Within the documentation available for review, there is no indication that the patient has failed a tens unit trial. Additionally, the current request does not have a duration associated with it, such as a "30-day trial." There is no documentation that the patient has undergone a 30-day trial with associated analgesic benefit and objective functional improvement. If a 30-day trial has not been completed, then the open-ended application of an H wave unit is not consistent with guidelines. The request is not medically necessary.