

Case Number:	CM14-0010482		
Date Assigned:	02/21/2014	Date of Injury:	11/01/2012
Decision Date:	07/21/2014	UR Denial Date:	01/03/2014
Priority:	Standard	Application Received:	01/27/2014

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 Management and is licensed to practice in Tennessee. 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 62-year-old female who has submitted a claim for status post left shoulder arthroscopic surgery, lumbar spine myalgia, cervical spine radiculitis/myofasciitis, and lateral epicondylitis of right elbow associated with an industrial injury date of 11/01/2012. Medical records from 2013 to 2014 were reviewed. The patient complained of pain at the neck, left shoulder, and back. Physical examination of the left shoulder revealed that the patient can abduct passively to 85 degrees, forward flex to 115 degrees, and internal/external rotation to 25 degrees. Motor strength was graded 4/5. Tenderness was present at the left shoulder and left trapezius. The Spurling's test was positive at the left. The treatment to date has included left shoulder arthroscopy, rotator cuff repair, and labral reconstruction on 8/29/2013; physical therapy, home exercise program, and medications. Utilization review from 01/03/2014 denied the request for decision for x-force stimulator unit 30 day trial and supplies for the left shoulder, because there were no post-operative or physical therapy reports available for review, which may support the need for this device.

IMR ISSUES, DECISIONS AND RATIONALES

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

X-FORCE STIMULATOR UNIT, THIRTY (30) DAY TRIAL AND SUPPLIES FOR THE LEFT SHOULDER: Upheld

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

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

Decision rationale: The Chronic Pain Medical Treatment Guidelines indicate that H-wave stimulation (HWT) is not recommended as an isolated intervention, but a trial may be considered as a non-invasive conservative option for chronic soft tissue inflammation if used as an adjunct to a program of evidence-based functional restoration. There is no evidence that H-Wave is more effective as an initial treatment when compared to transcutaneous electrical nerve stimulation (TENS) for analgesic effects. In this case, the patient is status post left shoulder arthroscopy, rotator cuff repair, and labral reconstruction on 8/29/2013. She has been actively participating in a home exercise program. However, the medical records submitted and reviewed failed to provide evidence of prior TENS unit use. There is likewise no documentation of a rationale and short-term and long-term treatment plan from the physician with the use of H-wave. Moreover, the request failed to specify if the device is for rental or purchase. Therefore, the request is not medically necessary.