

Case Number:	CM14-0017704		
Date Assigned:	04/16/2014	Date of Injury:	01/04/2008
Decision Date:	06/03/2014	UR Denial Date:	02/04/2014
Priority:	Standard	Application Received:	02/12/2014

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 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:

The injured worker is a 64 year old female who reported an injury on 01/04/2008 due to an unknown mechanism of injury. Clinical note dated 02/24/2014 reports shoulder pain that is 7 out of 10, the pain is described as being burning, deep, and increasingly sharp. She is also reporting thoracic, cervical, and mid back pain. The injured worker is said to have stopped the use of the Butrans patch as well as Vicodin due to the benefits of the H Wave device. She has a diagnosis of adhesive capsulitis in her shoulders. Treatment includes the use of an H Wave device. The request for authorization form was not provided. The provided rationale for the H Wave device is benefit from past use and an incorrect previous request for rental.

IMR ISSUES, DECISIONS AND RATIONALES

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

HOME H WAVE DEVICE: 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 STIMULATION Page(s): 117.

Decision rationale: The request for a Home H Wave device is certified. Per California MTUS guidelines, a recent meta-analysis concluded that the findings indicate a moderate to strong effect

of the H-Wave device in providing pain relief, reducing the requirement for pain medication and increasing functionality, with the most robust effect observed for improved functionality, suggesting that the H-Wave device may facilitate a quicker return to work and other related daily activities. Prior authorization for an H Wave was given a three month trial, and she has been using this device for one year daily with positive response to treatment by eliminating Vicodin and the use of the Butrans patch. The injured worker is now being recommended for purchase of the device given prior success. The injured worker would benefit from the purchase of the H Wave device at this time given the reduction in medication intake. Therefore, the request for Home H wave device is medically necessary.