

Case Number:	CM14-0117763		
Date Assigned:	08/06/2014	Date of Injury:	08/20/2010
Decision Date:	09/15/2014	UR Denial Date:	06/27/2014
Priority:	Standard	Application Received:	07/25/2014

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 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:

According to the records made available for review, this is a 60-year-old female with a 8/20/10 date of injury, and status post 360 global fusion L4-5 in 1998. At the time (6/27/14) of the Decision for Purchase of Home H-Wave Device, Right Shoulder, there is documentation of subjective (pain and impaired activities of daily living) and objective (not specified) findings, current diagnoses (cervical radiculopathy, rotator cuff syndrome of shoulder, and pain in joint shoulder region), and treatment to date (physical therapy, medications (including Morphine, Norco, and Diazepam), TENS unit, and H-wave therapy (one month trial from 5/15/14-6/13/14 with increased abilities to perform daily activities and decreased need of medications with use of H-wave)). There is no documentation as to how often the unit was used and outcomes in terms of pain relief.

IMR ISSUES, DECISIONS AND RATIONALES

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

Purchase of Home H-Wave Device, Right Shoulder: 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 Low Back Complaints Page(s): 117-118.

Decision rationale: MTUS Chronic Pain Medical Treatment Guidelines identifies that a one-month home-based trial of H-Wave stimulation may be considered as a noninvasive conservative option for chronic soft tissue inflammation 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 (i.e., exercise) and medications, plus transcutaneous electrical nerve stimulation (TENS). In addition, MTUS Chronic Pain Medical Treatment Guidelines identifies that the effects and benefits of the one month trial should be documented (as an adjunct to ongoing treatment modalities within a functional restoration approach) as to how often the unit was used, as well as outcomes in terms of pain relief and function. Within the medical information available for review, there is documentation of diagnoses of cervical radiculopathy, rotator cuff syndrome of shoulder, and pain in joint shoulder region. In addition, there is documentation of a one month trial of H-wave. Furthermore, given documentation that patient was able to perform daily activities and decreased need of medications with use of H-wave, there is documentation of outcomes in terms of function. However, there is no documentation as to how often the unit was used and outcomes in terms of pain relief. Therefore, based on guidelines and a review of the evidence, the request for Purchase of Home H-Wave Device, Right Shoulder is not medically necessary.