

Case Number:	CM14-0124154		
Date Assigned:	08/08/2014	Date of Injury:	08/02/2012
Decision Date:	09/15/2014	UR Denial Date:	08/05/2014
Priority:	Standard	Application Received:	08/06/2014

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 Family Practice 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 55 year old female claimant sustained a work injury on 8/2/12 involving the neck, back and shoulder. She was diagnosed with left shoulder impingement. She had undergone a shoulder arthroscopy with debridement of the superior labrum, subacromial decompression, distal clavicle excision, and 2 centimeter tear repair of the supraspinatus muscle in February 2014. She had undergone physical therapy postoperatively, use of a TENS unit and oral analgesics. A progress note on 7/22/19 indicated the claimant used an H-wave unit from 5/14/14-6/16/14 with 90% pain reduction and improved function. The treating physician recommended the purchase of an H-wave unit for daily home use.

IMR ISSUES, DECISIONS AND RATIONALES

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

H-Wave Device Purchase: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints, Chronic Pain Treatment Guidelines H-Wave Stimulation Page(s): 189. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG): H-Wave Stimulation (HWT).

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

Decision rationale: According to the MTUS Guidelines, 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 (i.e., exercise) and medications, plus transcutaneous electrical nerve stimulation (TENS). Rental would be preferred over purchase during this trial. Trial periods of more than one month should be justified by documentation submitted for review. While H-Wave and other similar type devices can be useful for pain management, they are most successfully used as a tool in combination with functional improvement. H-wave devices are also available for home use. In this case, the claimant had functional and pain improvement after 1 month use. Both the physician and therapist had recommended a home purchase. Additional time of use and determining continued improvement and functional gain over a few months are appropriate before purchasing a unit. Rental of a unit with home use with further justification is appropriate. Purchase of a H-Wave unit at this point is not medically necessary.