

Case Number:	CM14-0128927		
Date Assigned:	09/29/2014	Date of Injury:	11/09/2011
Decision Date:	10/27/2014	UR Denial Date:	07/28/2014
Priority:	Standard	Application Received:	08/13/2014

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 Orthopedic Surgery 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 49 year old patient had a date of injury on 11/9/2011. The mechanism of injury was he fell off a 28 foot ladder sustaining an injury to his back, both shoulders, neck and head. In a progress noted dated 7/2/2014, the patient complains of bilateral shoulder pain which is improved. On a physical exam dated 7/2/2014, the patient is noted to work full duty, has completed all recommended physical therapy for his bilateral shoulders. The diagnostic impression shows left shoulder pain, right shoulder pain. Treatment to date: medication therapy, behavioral modification, left shoulder RTC on 12/12/2013A UR decision dated 7/25/2014 denied the request for Purchase of H-Wave device, stating that guidelines do not recommend H-wave for shoulder pain.

IMR ISSUES, DECISIONS AND RATIONALES

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

Purchase of a 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 Page(s): 117-118.

Decision rationale: CA MTUS states that a one-month home-based trial of H-wave stimulation may be indicated with chronic soft tissue inflammation and when H-wave therapy will be used as an adjunct to a method of functional restoration, and only following failure of initial conservative care, including recommended physical therapy and medications, plus transcutaneous electrical nerve stimulation (TENS). However, in the 7/2/2014 progress report, there was no clear rationale provided regarding the medical necessity of H-wave unit. The patient was noted to have completed physical therapy, be working full duty, and performing exercises. Therefore, the request for H-wave unit was not medically necessary.