

Case Number:	CM14-0157050		
Date Assigned:	09/30/2014	Date of Injury:	05/13/2013
Decision Date:	10/28/2014	UR Denial Date:	09/09/2014
Priority:	Standard	Application Received:	09/25/2014

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 Physical Medicine and Rehabilitation, has a subspecialty in Interventional Spine 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 patient is 40 year old male with an injury date of 05/13/13. Per the 08/18/14 report by ■■■■■ the patient presents for follow up for his left shoulder recurrent subacromial impingement long head of the biceps tendinitis. The patient states he is pain free and fully functional for the last 7-10 days. The provider notes he is to return to full duty 08/19/14. Examination of the left shoulder reveals no deficits and no positive tests. The patient's diagnoses include Rotator cuff sprain and strain, Adhesive capsulitis of shoulder and other affection shoulder region. The utilization review being challenged is dated 09/09/14. Reports were provided from 02/21/14 to 08/18/14.

IMR ISSUES, DECISIONS AND RATIONALES

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

Home H-wave devise (purchase): Overturned

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 MTUS guidelines regarding H-Wave devices Page(s): 117.

Decision rationale: The patient presents for follow up left shoulder recurrent subacromial impingement and is pain free and fully functional. The treater requests for Home H wave device (purchase). The treater states on 08/09/14 the patient has had excellent results from an H wave unit and one should be provided him on a permanent basis. MTUS guidelines regarding H-Wave devices page 117 state a 30 day trail may be recommended "and only following failure of initially recommended conservative care, including recommended physical therapy (i.e., exercise) and medications, plus transcutaneous electrical nerve stimulation (TENS)." MTUS further states, "The one-month HWT trial may be appropriate to permit the physician and provider licensed to provide physical therapy to study the effects and benefits, and it 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. Rental would be preferred over purchase during this trial. Trial periods of more than one month should be justified by documentation submitted for review." On 08/18/14 [REDACTED] states the patient will continue his home exercise program and will continue an oral NSAID. Per the 06/09/14 report the patient tried TENS in physical therapy with no success. On 07/11/14 the treater discusses using ice and capular stretches. On 06/09/14 the treater recommended trial of an H-wave device. In this case it is clear that the device was used following physical therapy, exercise, medications and TENS and the patient has already received a trial of the device. The treater indicates excellent results and recommendation is for authorization.