

Case Number:	CM14-0170411		
Date Assigned:	10/20/2014	Date of Injury:	03/20/2013
Decision Date:	11/24/2014	UR Denial Date:	09/30/2014
Priority:	Standard	Application Received:	10/15/2014

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 New York. 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 a 61-year-old male who injured his left shoulder and 20 March 2013. MRI left shoulder shows a partial rotator cuff tear. There is a.c. joint degeneration with retraction of the long head of the biceps. Patient has had physical therapy injections and the use of NSAIDs. He had left shoulder surgery in 2014. The patient continues to have shoulder pain he takes narcotics. On physical examination there is no swelling or effusion in the left shoulder. Patient's incision is well-healed. Range of motion shows 65 of flexion and 75 of abduction. At issue is whether H. wave treatment is medically necessary.

IMR ISSUES, DECISIONS AND RATIONALES

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

[REDACTED] : Home H-Wave device purchase, QTY: 1: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines H-Wave Stimulation (HWT) Page(s): 117-118.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Other Medical Treatment Guideline or Medical Evidence: MTUS chronic pain treatment guidelines page 117

Decision rationale: MTUS guidelines page 117 recognizes H. wave as an evidence-based treatment for chronic pain that focuses on functional restoration. It is recognized as an option by

MTUS guidelines for chronic pain. Guidelines recommend a trial and continued use based on positive effects of pain. In addition there are several published studies that show benefit to H. wave treatment. Guidelines for H. wave treatment met for this patient with chronic shoulder pain who has had multiple times to conservative modalities.