

Case Number:	CM14-0170761		
Date Assigned:	10/23/2014	Date of Injury:	08/15/2012
Decision Date:	12/10/2014	UR Denial Date:	09/10/2014
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 Physical Medicine & 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 a 63 years old male with an injury date on 08/15/2012. Based on the 09/03/2014 progress report provided by [REDACTED], the diagnosis are rotator cuff syndrome of shoulder and adhesive capsulitis shoulder. According to this report, the patient complains of "chronic weak right shoulder, 5 Mon post op. and 130, flex 120, 4/5 strength. "The 08/18/2014 report indicates the patient "complaint of pain" and "exhibit impaired activities of daily living." The patient states "a little less pain today but still experiencing uncomfortable arc 'catching.'" There were no other significant findings noted on this report. The utilization review denied the request on 09/10/2014. [REDACTED] is the requesting provider, and he provided treatment reports from 03/25/2014 to 09/19/2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

Home H-Wave Device: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines.

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

Decision rationale: According to the 08/18/2014 report by [REDACTED] this patient presents with shoulder pain and exhibit impaired activities of daily living. There is indication that the patient has tried noninvasive conservative care of physical therapy, medications, and TENS unit in the past. There is an H-wave patient compliance and outcome report dated 08/05/2014 states that the H wave has helped; general arm and shoulder movement are better and increase daily activities. The patient apparently reported 30% improvement with pain level at a 5/10 with the H-wave unit. This information is not verified by the treating physician's reports. Regarding H wave units, MTUS guidelines page 117, 118 supports a one-month home-based trial of H-Wave treatment as a noninvasive conservative option for 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 (TENS). Given that this patient has tried noninvasive conservative care in the past including TENS unit without success, MTUS supports an H-wave unit trial. However, in this case, the patient has filled out a form but the physician does not provide documentation confirming what the patient H-wave representative filled out. MTUS page 8 requires that the treating physician provide monitoring and make appropriate recommendations. The physician must keep track of what is going on and provide proper documentation for treatments. A H-wave unit usage report can be helpful but this report needs to be incorporated by the physician and information verified. Recommendation is for denial.