

Case Number:	CM14-0171871		
Date Assigned:	10/23/2014	Date of Injury:	11/12/2012
Decision Date:	12/02/2014	UR Denial Date:	09/29/2014
Priority:	Standard	Application Received:	10/17/2014

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 Occupational Medicine 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:

Patient is a 56 year-old male with date of injury 11/12/2012. The medical document associated with the request for authorization, a primary treating physician's progress report, dated 09/02/2014, lists subjective complaints as pain in the left shoulder. Patient is status post left shoulder arthroscopy with subacromial decompression and debridement performed on 08/26/2013. Patient was prescribed a 30 day trial of an H-wave unit on 07/23/2014 of which decreased pain and decreased medication intake, including the secession of anti-inflammatories, has been claimed as a result. No physical examination results were documented on PR-2. Diagnosis: 1. Left shoulder strain/sprain. Patient is a 56 year-old male with date of injury 11/12/2012. The medical document associated with the request for authorization, a primary treating physician's progress report, dated 09/02/2014, lists subjective complaints as pain in the left shoulder. Patient is status post left shoulder arthroscopy with subacromial decompression and debridement performed on 08/26/2013. Patient was prescribed a 30 day trial of an H-wave unit on 07/23/2014 of which decreased pain and decreased medication intake, including the secession of anti-inflammatories, has been claimed as a result. No physical examination results were documented on PR-2. Diagnosis: 1. Left shoulder strain/sprain.

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: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Transcutaneous Electrotherapy

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

Decision rationale: H-wave is not recommended as an isolated intervention. There is no evidence that H-Wave is more effective as an initial treatment when compared to TENS for analgesic effects. Home H-Wave Device is not medically necessary.