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| Case Number: | CM14-0180688 | | |
| Date Assigned: | 11/05/2014 | Date of Injury: | 06/14/2011 |
| Decision Date: | 12/11/2014 | UR Denial Date: | 10/15/2014 |
| Priority: | Standard | Application Received: | 10/30/2014 |

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 a 62 year old with an injury date on 6/14/11. Patient complains of right shoulder pain rated 7/10 that hurts throughout the day per 8/20/14 report. Patient had a month trial of H-wave which gave 40% reduction of pain according to "a survey taken" by patient after using it 3 times a day, for 4 days a week, 30-45 minutes per session per 10/6/14 report. Based on the 8/20/14 progress report provided by [REDACTED] the diagnoses are: 1. Status post right rotator cuff repair with atretic cuff, recurrent right rotator cuff tear2. Constant right shoulder painExam on 10/6/14 showed "right shoulder range of motion limited with extension at 40 degrees." Patient's treatment history includes work restrictions, 36 postoperative physical therapy sessions, a shoulder injection, and medications (lovastatin, lisinopril, and aspirin per 7/15/14 report). [REDACTED] is requesting home H-wave device (purchase). The utilization review determination being challenged is dated 10/15/14. [REDACTED] is the requesting provider, and he provided treatment reports from 6/10/14 to 10/16/14.

IMR ISSUES, DECISIONS AND RATIONALES

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

Home H Wave device (purchase): Upheld

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

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

Decision rationale: This patient presents with right shoulder pain. The treater has asked for home H-Wave device (purchase) on 10/6/14. Regarding H-wave, MTUS guidelines support home trial if TENS unit has failed if the patient has diagnosis of neuropathy or soft-tissue chronic inflammation. MTUS states that: "Trial periods of more than one month should be justified by documentation submitted for review." It further requires that there is significant pain reduction along with functional improvement. In this case, the reports do not provide documentation as to how often the unit was used, as well as outcomes in terms of pain relief and function. There is a reported 40% decrease in pain from a one-month trial of H-wave unit, but there is no specific documentation regarding activities of daily living, and functional improvement in relation to use of H-wave. No reduction of medication use has been documented. The request is not medically necessary.