

Case Number:	CM14-0181825		
Date Assigned:	11/06/2014	Date of Injury:	08/02/2012
Decision Date:	12/11/2014	UR Denial Date:	10/27/2014
Priority:	Standard	Application Received:	11/03/2014

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 injured worker is a 57 year old male with an injury date of 08/02/12. Based on the progress report dated 10/27/14 provided by [REDACTED] the injured worker is post left shoulder arthroscopy, post repair left supraspinatus, distal clavicle excision, and subacromial decompression in February 2014. Injured worker experiences some soreness at night and occasional discomfort deep to the anterior deltoid with quick movements. Progress report dated 10/14/14 states that the injured worker is experiencing "ongoing pain, swelling and muscle spasms to the injured area" along with limited mobility and loss of sleep. Injured worker experienced complete pain relief immediately after subacromial injection but the soreness at night has returned since then, as per progress report dated 10/27/14. Injured worker did not benefit from conservative care that included medications, physical therapy, TENS units, and shots, per progress report dated 10/14/14. Magnetic Resonance Imaging (MRI) of the Left Shoulder, 04/09/13- Subacromial impingement- Tearing of anterior and anteroinferior labrum with paralabral cyst. Diagnosis, 10/14/14- Rotator Cuff Sprain Dr. [REDACTED] is requesting for Durable Medical Equipment (DME): Home H-Wave Device Rental for Three Months. The utilization review determination being challenged is dated 10/27/14. The rationale was "lack of objective evidence of significant functional improvement including return to work," and "dependency on continued medical treatment." Treatment reports were provided from 06/23/14 - 10/27/14.

IMR ISSUES, DECISIONS AND RATIONALES

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

Durable Medical Equipment: Home H-Wave Device Rental for 3 Months: Upheld

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 Transcutaneous Electrotherapy, Transcutaneous Electrical Nerve Stimulation (TENS) Page(s): 114-1.

Decision rationale: The request is for Home H-Wave Device Rental for 3 Months. The injured worker's diagnosis dated 10/14/14 included rotator cuff sprain. Per MTUS Guidelines, "H-wave is not recommended as an isolated intervention, but a 1-month home-based trial of H-wave stimulation may be considered as a non-invasive conservative option for diabetic, 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." MTUS further states "trial periods of more than 1 month should be justified by documentations submitted for review." MTUS also states that "and only following failure of initially recommended conservative care, including recommended physical therapy (i.e., exercise) and medications, plus transcutaneous electrical nerve stimulation (TENS)." In this case, the injured worker tried H-Wave for a period of one month, 1-2 times daily, 7 days a week, for 30 - 45 minutes. "On average, there has been a 90% decrease in pain levels lasting up to 3 hours after each treatment," per progress report dated 10/14/14. The report also states that "The H-Wave has allowed the injured worker to participate in a directed rehabilitation exercise program and he has experienced significant functional improvements, increased mobility, and increased range of motion from the combined treatments." The injured worker tried the TENS unit for one month from March - April, 2014 "without objective improvement or meaningful subjective report," per progress report dated 10/14/14. The report also states that "Eliminating this device from the injured worker's treatment program will certainly hinder progress towards increasing functional capacity and reducing medication usage." It would appear that an H-wave unit has been tried with some success. However, the current request is for 3 months rental. MTUS only allows one month trial after which with successful outcome, a home unit is recommended. The request for Home H-Wave Device Rental for 3 Months is not medically necessary.