

Case Number:	CM14-0185928		
Date Assigned:	11/13/2014	Date of Injury:	04/25/2012
Decision Date:	12/16/2014	UR Denial Date:	10/09/2014
Priority:	Standard	Application Received:	11/07/2014

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 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:

This 38 year-old patient sustained an injury on 4/25/12 while employed by [REDACTED]. Request(s) under consideration include H-wave purchase for home use, QTY: 1. Diagnoses include Bicipital tenosynovitis; left shoulder rotator cuff tear/ biceps tendinitis/ labrum tear/ acromioclavicular degenerative disease s/p arthroscopic repair on 5/19/14. Conservative care has included medications, physical therapy, TENS unit, and modified activities/rest. Report of 8/7/14 from the provider noted the patient s/p left shoulder arthroscopy, rotator cuff repair, biceps tenodesis, acromioplasty, Mumford, and posterior labrum reconstruction on 5/19/14. The patient noted doing well with occasional aches, increased range of motion. Exam showed shoulder range of 0-110 degrees. Treatment plan included PT, H-wave with patient remaining temporarily totally disabled. Hand-written stamped prescription dated 8/11/14 was for 30-day trial of H-wave for home use. Stamped RFA of 9/30/14 noted patient had failed conservative therapy, including PT, medications, and TENS with request for H-wave device purchase. The request(s) for H-wave purchase for home use, QTY: 1 was non-certified on 10/9/14 citing guidelines criteria and lack of medical necessity.

IMR ISSUES, DECISIONS AND RATIONALES

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

H-wave purchase for home use, QTY: 1: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Transcutaneous Electrotherapy, H-Wave Stimulation Page(s): 115-118.

Decision rationale: The MTUS guidelines recommend a one-month HWT rental trial to be appropriate to permit the physician and provider licensed to provide physical therapy to study the effects and benefits, and it should be documented (as an adjunct to ongoing treatment modalities within a functional restoration approach) as to how often the unit was used, as well as outcomes in terms of pain relief and function. The patient has underwent a one month H-wave use without any documented consistent pain relief in terms of decreasing medication dosing and clear specific objective functional improvement in ADLs have not been demonstrated. Per reports from the provider, the patient still exhibited persistent subjective pain complaints and impaired ADLs for this injury of 2012. There is no documented failed trial of TENS unit nor any indication the patient is participating in a home exercise program for adjunctive exercise towards a functional restoration approach. The patient's work status has remained unchanged. The H-wave purchase for home use, QTY: 1 is not medically necessary and appropriate.