

Case Number:	CM14-0021449		
Date Assigned:	05/07/2014	Date of Injury:	01/07/2008
Decision Date:	07/09/2014	UR Denial Date:	02/11/2014
Priority:	Standard	Application Received:	02/20/2014

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:

The patient is a 52 year old female with an injury date of 01/07/08. Based on the 11/11/13 progress report provided by [REDACTED], the patient complains of pain in her left shoulder. The patient's diagnoses include the following: Status post left shoulder arthroscopic subacromial decompressions and anterior acromioplasty, distal clavicle excision; Subjective and objective residuals; Secondary left shoulder girdle and cervical strain, flared pain; Shoulder tendinitis. [REDACTED] is requesting for the purchase of a H-wave device unit. The utilization review determination being challenged is dated 02/11/14. The rationale is that the patient did not complete a home TENS trial prior to considering a home H-wave trial. The patient did not fail meds or physical therapy and therefore has not met the criteria for purchasing a H-wave device unit. [REDACTED] is the requesting provider, and provided treatment reports from 08/15/13-01/27/14.

IMR ISSUES, DECISIONS AND RATIONALES

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

HOME H- WAVE DEVICE UNIT PURCHASE: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on the MTUS Chronic Pain Medical Treatment Guidelines, section on H-wave stimulation pages 117-118.

Decision rationale: The request is for a H-wave device unit purchase. The 11/11/13 report states that the "Patient tried using a TENS unit in PT and she found it to be ineffective so she would like a home h-wave unit." Per the MTUS Chronic Pain 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 Chronic Pain Guidelines further states trial periods of more than 1 month should be justified by documentations submitted for review. The patient began using the H-wave device on 12/09/13. The two subsequent progress reports, 01/20/14 and 01/27/14, show that the patient is taking more medications than she was before she began using the H-wave device. The 11/11/13 report states that the patient is taking Flexeril and ibuprofen; however, a 01/27/14 report indicates that the patient is taking Naproxen 550 mg for inflammation, Omeprazole 20 mg for stomach prophylaxis, Neurontin 600 mg for paresthesias, and Flexeril 7.5 mg for muscle spasms. The two subsequent reports do not mention any benefit the H-wave had on the patient. Consequently, the request is not medically necessary and appropriate.