

Case Number:	CM14-0031177		
Date Assigned:	06/20/2014	Date of Injury:	09/26/2012
Decision Date:	12/05/2014	UR Denial Date:	02/05/2014
Priority:	Standard	Application Received:	03/12/2014

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 Family Practice 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 is a 65 year old female claimant sustained a work injury on September 26, 2012 involving the left shoulder. She was diagnosed with left shoulder impingement syndrome. She also had major depression. She underwent arthroscopic surgery of the left shoulder in 2013 and subsequent physical therapy. On 1/24/14 the claimant had continued pain in the left shoulder with reduced range of motion. Yerganson's test was positive. He had previously tried a TENS unit with little relief. The physician requested continuation of therapy and subsequently requested a trial of an H-wave system for 30 days.

IMR ISSUES, DECISIONS AND RATIONALES

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

H-WAVE HOMECARE SYSTEM, DAILY RENTAL, BODY PART UNSPECIFIED #30:
Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines H-WAVE STIMULATION (HWT) Page(s): 117.

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

Decision rationale: According to the guidelines, a one-month home-based trial of H-Wave stimulation may be considered as a noninvasive 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, including recommended physical therapy (i.e., exercise) and medications, plus transcutaneous electrical nerve stimulation (TENS). In this case, the claimant was not in a functional restoration program. He had failed a TENS. The H-wave lacks clinical evidence for use in chronic shoulder pain. The request for an H-wave is not medically necessary.