

Case Number:	CM14-0039532		
Date Assigned:	06/27/2014	Date of Injury:	01/22/2014
Decision Date:	08/19/2014	UR Denial Date:	03/05/2014
Priority:	Standard	Application Received:	04/03/2014

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 and is licensed to practice in Nevada. 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 30-year-old female who was reportedly injured on 1/22/2014. The mechanism of injury was not listed in these records reviewed. The most recent progress note dated 3/17/2014 indicated that there were ongoing complaints of right shoulder pain. The physical examination demonstrated right shoulder decreased range of motion, positive tenderness to palpation at the anterior glenohumeral joint. Neurovascular intact distally. Positive tenderness to palpation along the posterior triceps muscle. No recent diagnostic studies were available for review. Previous treatment included medication and conservative treatment. A request was made for H-wave times one month and was not certified in the pre-authorization process on 3/5/2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

H-Wave times one month: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints Page(s): 203, Chronic Pain Treatment Guidelines TRANSCUTANEOUS ELECTRICAL NERVE STIMULATION.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines 8 C.C.R. 9792.20 - 9792.26 (Effective July 18, 2009) Page(s): 117-118 of 127.

Decision rationale: California Medical Treatment Utilization Schedule guidelines will support a one-month HWT (H-Wave Stimulation) for diabetic neuropathic pain and chronic soft tissue inflammation, if used as an adjunct to a program of evidence-based functional restoration, and only following a failure of conservative treatment, physical therapy, medications and transcutaneous electrical nerve stimulation (TENS). Review of the available medical records failed to document the criteria required for a one-month trial of H-Wave Stimulation. As such, this request is not considered medically necessary.