

Case Number:	CM14-0040976		
Date Assigned:	07/02/2014	Date of Injury:	05/10/2013
Decision Date:	08/26/2014	UR Denial Date:	03/10/2014
Priority:	Standard	Application Received:	04/08/2014

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 Preventative Medicine, has a subspecialty in Occupational Medicine and is licensed to practice in Iowa. 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 patient is a 48-year old female employee with date of injury of 5/10/2013. A review of the medical records indicates that the patient is undergoing treatment for rotator cuff-left shoulder; upper extremity swelling and s/s arm, shoulder. Subjective complaints include pain, limited range of motion, and impaired activities of daily living. Additionally, Patient has shown functional improvements with use of H-Wave in clinic objective findings include rotator cuff syndrome, upper extremity swelling, increased ROM(Range Of Movement) left shoulder; sensory loss C5-C7 left; pain C3-C7, T4-T8 and L5-S1; pain and spasms, leg pain neuralgia and edema. Treatment has included Medrol Dosepak, electric stimulation & ultrasound, heat, ice, hydro bed, deep tissue massage physical therapy, myofascial release, acupuncture, cortisone injections, physical therapy, trial of TENS , and use of H-Wave in clinic offices. The utilization review dated 3/10/2014 non-certified for a 30-day trial of a Home H-Wave device for treatment of left shoulder.

IMR ISSUES, DECISIONS AND RATIONALES

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

HOME H-WAVE DEVICE 30 DAY TRIAL LEFT SHOULDER: Upheld

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

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

Decision rationale: MTUS Chronic Pain Medical Treatment Guidelines, H-wave stimulation (HWT) is not recommended as an isolated intervention, but 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 and medications, plus transcutaneous electrical nerve stimulation (TENS). The one-month HWT trial may 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. Rental would be preferred over purchase during this trial. The utilization reviewer noted that the request for a home H-wave device could not be approved at the time due to a lack of information. While the treating physician documents improvement with H-Wave treatment in the office, the treating physician has not provided documentation of failure of conservative care and not documented that home H-wave stimulation would be an adjunct to ongoing treatment modalities within a functional restoration approach. As such, the request for Home H-Wave Device 30 Day Trial Left Shoulder is not medically necessary.