MAXIMUS Federal Services

Case Number:	CM14-0048812		
Date Assigned:	06/25/2014	Date of Injury:	07/29/2011
Decision Date:	07/29/2014	UR Denial Date:	03/14/2014
Priority:	Standard	Application Received:	03/27/2014

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 Orthopaedic Surgery 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 58-year-old male sustained an industrial injury on 7/29/11. The mechanism of injury was not documented. The patient underwent left shoulder arthroscopic rotator cuff repair, decompression and distal clavicle resection on 11/13/13. Post-op physical therapy was documented for at least 21 visits. The 1/31/14 H-wave Patient Compliance and Outcome form indicated the patient has used the unit for 14 days. The unit helped more than physical therapy and allowed the patient to decrease medication. The unit allowed for increased daily activities. The patient was able to lift more, do more housework, and sleep better. The unit was used two times a day, six days a week. The patient reported 50% improvement with use. The 2/28/14 progress report H-wave addendum form indicated that the patient was using a home H-wave device which decreased his need for oral medication. The patient was able to perform more activity and had greater overall function with the use of this device. The 3/14/14 utilization review denied the request for three additional month rental of home H-Wave device as there was no documentation of how often the unit was used or the objective degree of pain relief and increase in function as required by guidelines for continued use beyond the trial period.

IMR ISSUES, DECISIONS AND RATIONALES

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

Home H-Wave device (three additional months rental): Upheld

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

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

Decision rationale: The California MTUS guidelines do not recommend H-wave stimulation as an isolated intervention. A one-month home based H-wave trial may be considered as option for diabetic neuropathy 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 stimulation (TENS). 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. While H-Wave and other similar type devices can be useful for pain management, they are most successfully used as a tool in combination with functional improvement. The MTUS guideline criteria have not been met for on-going use of this device. There is no current documentation of chronic soft tissue inflammation. There are no objective measurable gains in functional improvement documented relative to H-wave use. The recommended general course of post-operative therapy appears to have been completed. There is no evidence of an on-going program of evidence-based functional restoration, in conjunction with proposed use. Therefore, the request for home H-Wave devices (three additional months rental) is not medically necessary.