

Case Number:	CM14-0050121		
Date Assigned:	07/07/2014	Date of Injury:	01/09/2013
Decision Date:	08/22/2014	UR Denial Date:	04/03/2014
Priority:	Standard	Application Received:	04/17/2014

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 Anesthesiology, has a subspecialty in Pain Management 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:

According to the records made available for review, this is a 49-year-old male with a 1/9/13 date of injury. At the time (3/17/14) of the request for authorization for Home H Wave device - one month evaluation, there is documentation of subjective (pain and impaired activities of daily living) and objective (impaired range of motion) findings, current diagnoses (rotator cuff syndrome (strain/tear)), and treatment to date (physical therapy, medication, and TENS). There is no documentation of chronic soft tissue inflammation and that the unit will be used as an adjunct to a program of evidence-based functional restoration.

IMR ISSUES, DECISIONS AND RATIONALES

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

Home H Wave device - one month evaluation: 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 LOW BACK COMPLAINTS Page(s): 117-118.

Decision rationale: The MTUS Chronic Pain Medical Treatment Guidelines identifies that a one-month home-based trial of H-Wave stimulation may be considered as a noninvasive conservative option for chronic soft tissue inflammation 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). Within the medical information available for review, there is documentation of diagnoses of rotator cuff syndrome (strain/tear). In addition, there is documentation of failure of initially recommended conservative care, including recommended physical therapy (exercise) and medications, plus transcutaneous electrical nerve stimulation (TENS). However, there is no documentation of chronic soft tissue inflammation and that the unit will be used as an adjunct to a program of evidence-based functional restoration. Therefore, based on guidelines and a review of the evidence, the request for Home H Wave device - one month evaluation is not medically necessary.