

Case Number:	CM14-0056408		
Date Assigned:	07/09/2014	Date of Injury:	06/17/2011
Decision Date:	08/29/2014	UR Denial Date:	03/28/2014
Priority:	Standard	Application Received:	04/25/2014

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 Medicine and is licensed to practice in Texas. 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 57 year old male whose date of injury is 06/17/2011. The injured worker was trying to release the lock on a wheel. The injured worker is status post glenohumeral arthroscopy, intraarticular subscapularis tendon repair, biceps tenodesis, subacromial decompression, acromioclavicular joint resection and rotator cuff repair. Treatment to date also includes acupuncture, medication management, physical therapy, injections and functional restoration program. Note dated 03/13/14 indicates that he uses his H-wave a lot. Diagnoses are chronic neck pain, chronic persistent headaches, status post right shoulder surgery from 11/23/11, and distant history of left ulnar transposition.

IMR ISSUES, DECISIONS AND RATIONALES

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

1 month rental of an H-wave unit: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines.

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

Decision rationale: Based on the clinical information provided, the request for one month rental of an H-wave unit is not recommended as medically necessary. The submitted records indicate

that the injured worker has previously utilized an H-wave unit, and there is no clear rationale provided to support an additional trial of the unit at this time. H-wave survey dated 01/13/14 indicates that the injured worker was not able to decrease medication usage while utilizing H-wave unit. Given the lack of significant objective improvement, the request is not in accordance with CA MTUS guidelines, and medical necessity is not established.