

Case Number:	CM14-0062758		
Date Assigned:	07/11/2014	Date of Injury:	10/01/2011
Decision Date:	09/11/2014	UR Denial Date:	04/24/2014
Priority:	Standard	Application Received:	05/05/2014

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 Orthopedic 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 is a 60-year-old female who sustained a vocational injury on 10/01/11. The claimant underwent right shoulder arthroscopy, acromioplasty, distal clavicle excision and joint debridement on 10/23/13. The claimant was noted that postoperatively she attended therapy and previous utilization of an H-wave unit with 50 percent of overall improvement was noted. Documentation clearly suggests the claimant had no reduction in pain medication associated with the concomitant use of an H-wave device. Documentation also suggests that the claimant has exceeded her postoperative physical therapy and is no longer currently involved in any formal physical therapy and documentation fails to establish she is currently utilizing a home exercise program. The current request is for an H-wave purchase for the right shoulder.

IMR ISSUES, DECISIONS AND RATIONALES

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

H-wave purchase for right shoulder: Upheld

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

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

Decision rationale: California Chronic Pain Medical Treatment Guidelines have been referenced. The guidelines suggest that H-wave stimulation is not recommended as an isolated intervention but to be used with an evidence-based functional restoration program. Prior to considering the purchase for such an H-wave device, documentation should support that claimant's have had a minimum of one month trial in which documentation of functional progression, subjective decrease in pain, increase in functional activities and decrease in medication should be established. Documentation presented for review fails to establish the claimant has had a decrease in pain medication and an increase in overall functional activity along with a decrease in subjective complaints and abnormal physical exam objective findings and subsequently medical necessity has not been established for an H-wave purchase for the right shoulder and cannot be considered medically necessary based on California Chronic Pain Medical Treatment Guidelines.