

Case Number:	CM14-0067464		
Date Assigned:	07/11/2014	Date of Injury:	06/04/2007
Decision Date:	09/11/2014	UR Denial Date:	05/09/2014
Priority:	Standard	Application Received:	05/12/2014

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 Geriatrics and is licensed to practice in New York. 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 man with a date of injury of 6/4/07. He was seen by his physician on 4/4/14 with complaints of pain in both shoulders. He had transitioned back to work and it was smooth and he had completed physical therapy but continued to do his exercises and stretches at home. He also was using a TENS unit daily for pain alleviation and noted increased endurance, strength and decreased pain since finishing physical therapy. His physical exam showed left shoulder flexion to 120 degrees and abduction to 90 degrees. His shoulder strength was normal except flexors and abductors were graded 3/5 and he had muscle atrophy of the left upper extremity. At issue in this review is the rental of a home H wave device for the 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 for one month rental for Left Shoulder: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines H-wave stimulation, TENS.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 118-119.

Decision rationale: H-wave stimulation is an isolated intervention, but a one-month home-based trial 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 (i.e., exercise) and medications, plus transcutaneous electrical nerve stimulation (TENS). In this injured worker, the records do not substantiate that he has failed other conventional therapy and in fact, he clearly benefited from physical therapy and a home exercise program. He is also already using a TENS unit with benefit. The records do not justify the medical necessity for an H-wave device for the left shoulder.