

Case Number:	CM14-0070263		
Date Assigned:	07/14/2014	Date of Injury:	02/18/2011
Decision Date:	09/09/2014	UR Denial Date:	04/30/2014
Priority:	Standard	Application Received:	05/15/2014

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 Physical Medicine and Rehabilitation, 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 37 year old female whose date of injury is 02/18/2011. The injured worker slipped while walking through a conference room with a tiled floor. She twisted her left ankle and fell forward. Treatment to date includes right shoulder surgery, radiofrequency ablation on 04/21/14 and H-wave trial in April 2014. Diagnoses are postoperative right rotator cuff tear, left patellofemoral arthralgia, lumbar disc pathology, and left ankle sprain. A progress note dated 11/2013 indicates that the injured worker reports H-wave provided her with great pain relief.

IMR ISSUES, DECISIONS AND RATIONALES

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

Home H Wave Device Purchase: Upheld

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

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 home H wave device purchase/indefinite use is not recommended as medically necessary. There are no objective measures of improvement provided after H-wave use to establish efficacy of treatment

and support purchase of the unit. There are no specific, time-limited treatment goals provided. Therefore, the request is not in accordance with California Medical Treatment Utilization Schedule guidelines and is not medically necessary.