

Case Number:	CM14-0077202		
Date Assigned:	07/18/2014	Date of Injury:	05/04/2010
Decision Date:	09/11/2014	UR Denial Date:	05/02/2014
Priority:	Standard	Application Received:	05/27/2014

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 Emergency Medicine 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:

The injured worker is a 63-year-old male, who sustained an injury on May 4, 2010. The mechanism of injury is not noted. Pertinent diagnostics are not noted. Treatments have included medications, chiropractic treatment, and H-wave. The current diagnoses are right shoulder internal derangement and cervical disc syndrome. The stated purpose of the request for a home H-wave device and system for purchase was to improve his post-surgery progress and reduce the chances of flare-up. The request was denied on May 2, 2014, citing a lack of documentation of a current functional assessment and an absence of objective evidence of derived functional improvement. Per the report dated April 22, 2014, the treating physician noted complaints of pain and impaired activities of daily living and 30% improvement in mobility after H-wave use, but no reduction in medication use after a 15-day trial of H-wave. Exam findings included loss of motion to the right shoulder, grip loss, sensory loss at right C5-7, and weakness of the biceps.

IMR ISSUES, DECISIONS AND RATIONALES

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

Home H-wave device and system, purchase: Upheld

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

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

Decision rationale: The requested home H-wave device and system for purchase is not medically necessary. The California MTUS Chronic Pain Medical Treatment Guidelines note that H-wave is "[n]ot recommended as an isolated intervention, but a one-month home-based trial of H-Wave stimulation 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)." The injured worker has pain and impaired activities of daily living. The treating physician has documented loss of motion to the right shoulder, grip loss, sensory loss at right C5-7, and weakness of the biceps. The treating physician has not documented specific details of medication reduction, reduced work restrictions, or improved activities of daily living resulting from an H-wave unit trial. The criteria noted above having not been met, a home H-wave device and system for purchase is not medically necessary.