MAXIMUS Federal Services

Case Number:	CM14-0095244		
Date Assigned:	09/22/2014	Date of Injury:	10/23/2012
Decision Date:	10/24/2014	UR Denial Date:	06/10/2014
Priority:	Standard	Application Received:	06/23/2014

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 Preventive Medicine, has a subspecialty in Occupational 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 55 year old female who was injured at work on 10/23/2012. The injured worker is reported to be complaining of pain in the right side of the neck which radiates to the right shoulder. The pain is worsened by sudden turning of the neck, prolonged driving, repetitive overhead work and cold weather. There is also a burning and stabbing right shoulder pain of about 5/10 in severity. The physical examination revealed slight limitation in the range of motion of the right shoulder and tenderness in the anterior aspect of the right shoulder, right trapezius and over the right shoulder blade. Also, there was slight weakness in the grip strength of the right hand. The injured worker has been diagnosed of sprain/strain, cervical spine; impingement syndrome, rotator cuff tendinosis, right shoulder; status post right carpometacarpal joint arthroplasty, right hand; rotator cuff tear right shoulder; status- post right shoulder arthroscopy, SAD, debridement of partial rotator cuff tear 09/19/13. Treatments include right hand surgery on 10/24/12; right shoulder surgery on 09/19/13; physical therapy; chiropractor care; acupuncture; medications; electrical stimulation other than H-Wave and TENS. A 15- day trial of H-wave was provided 10% improvement of pain and sleep and resulted in less need for medications; therefore the injured worker has been requested for H-Wave Device for Purchase.

IMR ISSUES, DECISIONS AND RATIONALES

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

H-Wave Device for Purchase: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines.

Decision rationale: The medical records provided for review do not indicate a medical necessity for H-Wave Device for Purchase. The MTUS does not recommend an isolated use of H-wave device without combining it with a program of evidence-based functional restoration. The MTUS recommends a one month trial period rather than a 15 day trial. Also, the use of H-wave device should be preceded by conservative care in addition to plus transcutaneous electrical nerve stimulation (TENS). The requested treatment is not medically necessary.