

Case Number:	CM14-0116666		
Date Assigned:	09/23/2014	Date of Injury:	08/08/2011
Decision Date:	01/02/2015	UR Denial Date:	07/03/2014
Priority:	Standard	Application Received:	07/24/2014

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 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 patient is a 39 year old female with date of injury 08/08/11. The treating physician report dated 06/9/13 indicates that the patient presents with pain affecting left shoulder on a level of 6/10. The physician notes that the patient exhibits impaired ADLs and. notes only subjective findings with no physical examination findings mentioned in the report. The UR notes a report dated 1/21/14 in which an examination was done and showed "a guarded range of motion at left shoulder with dyskinesia", flexion at 150 degrees and abduction at 160 degrees. The above mentioned report also notes the patient is TTD. That report dated 1/21/14, along with reports dated 03/04/14, 04/15/14, 11/05/13, 06/09/13, 04/03/14 noted in the UR were not found in the documents provided. Prior treatments include medication (type not identified), physical therapy, home H-Wave device for 30-45 min for 30 days 4/8/14 and a home Tens unit. There were no MRI findings revealed in the UR report or any of the treating physician reports. The current diagnosis is 719.41. The utilization review report dated 7/03/14 denied the request for a home H-Wave device based on a previous denial of for an H-Wave device and no "evidence of results/failure of a formal home TENS trial.

IMR ISSUES, DECISIONS AND RATIONALES

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

Home H-Wave Device: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines TENS.

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

Decision rationale: The patient presents with chronic pain and limited ROM in left shoulder 40 months post injury. The current request is for a home H-Wave device. The treating physician's prescription for the patient dated 4/3/14 was for a free 30 day home trial of H-Wave System that was delivered to patient on 4/8/14. The UR report dated 7/03/14 notes a request for a home H-Wave device purchase. MTUS pg. 117,118 supports a one-month home-based trial of H-Wave treatment 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 and medications, plus TENS. MTUS goes on to state, "The one-month HWT trial may be appropriate to permit the physician and provider licensed to provide physical therapy to study the effects and benefits, and it should be documented (as an adjunct to ongoing treatment modalities within a functional restoration approach) as to how often the unit was used, as well as outcomes in terms of pain relief and function. In this case the treating physician requests a purchase of a Home H-Wave Device and system and documents that the patient has been using the home H-Wave 2 x day, 7 days per week, 30-45 minutes per session during the trial period. There is documented functional improvement with increased ability to do housework, sleep better and increase interactions with his family. Additionally, there is documentation of decreased medication usage and 50% reduction of pain with H-Wave usage. The treating physician has documented that the patient has functional improvement, pain reduction and decreased medication usage and the MTUS guidelines support H-Wave for pain management when functional improvement is demonstrated. Recommendation is for authorization.