

Case Number:	CM14-0189085		
Date Assigned:	11/20/2014	Date of Injury:	07/21/2000
Decision Date:	01/08/2015	UR Denial Date:	11/03/2014
Priority:	Standard	Application Received:	11/12/2014

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 Emergency Medicine 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:

This is a 55 year old female with a date of injury of 7/21/2000. The injured worker has diagnoses of strain/sprain of the cervical spine, superimposed upon disc bulges, impingement syndrome with full thickness tear of the rotator cuff per Magnetic Resonance Imaging left shoulder 10/12/2013, and is status post left shoulder arthroscopy subacromial decompression, distal clavicle resection, SLAP debridement and bursectomy, and headaches. She has had physical therapy sessions, home exercise program, medications and acupuncture. In a progress note dated 10/03/2014 the physician progress note the injured worker complains of persistent flare-ups of pain in her left shoulder region, with pain at 7 out of 10. Her shoulder pain is exacerbated with the performance of activities at and/or above the shoulder level, and she has neck pain rated 7 out of ten, along with headaches and nausea. Pain is exacerbated with activities of daily living. The request, received 10/27/2014 is for Home H-Wave Device for the left shoulder. On 11/03/2014 Utilization review denied the request for a Home H-Wave Device for the left shoulder citing California MTUS-H-Wave stimulation. H-Wave stimulation may be considered as a non-invasive conservative option for diabetic neuropathic pain, or chronic soft tissue inflammation if used as an adjunct to a program of evidenced based functional restorations, and only following failure of initially recommended conservative care, including recommended physical therapy, and medications plus transcutaneous electrical nerve stimulation (TENS).

IMR ISSUES, DECISIONS AND RATIONALES

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

DME- Home H-Wave Device left shoulder: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines H-wave stimulation (HWT).

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

Decision rationale: H-wave stimulation (HWT) is not recommended as an isolated intervention, but a one-month home-based trial of H- Wave stimulation may be considered as a non-invasive 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 case the patient had a 30-day trial of the H-wave device and functional improvement was that she was able to 'sleep better'. There is no documentation of objective evidence of functional improvement. In addition there is no documentation that the patient had tried and failed TENS therapy or that the patient is participating in a functional restoration program. Conditions for H-wave therapy have not been met. The request is not medically necessary.