MAXIMUS Federal Services

Case Number:	CM14-0189798		
Date Assigned:	11/20/2014	Date of Injury:	03/18/2014
Decision Date:	01/08/2015	UR Denial Date:	10/21/2014
Priority:	Standard	Application Received:	11/13/2014

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 Interventional spine 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 58 year old female with an injury date on 3/18/14. Patient complains of unchanged right shoulder pain that is mainly activity related but also felt at rest per 8/21/14 report. The patient also reports some difficulty sleeping on the right side, as well as difficulty finding a position of comfort per 7/10/14 report. There is also some difficulty in raising the right shoulder, but without weakness per 5/29/14 report. Based on the 8/21/14 progress report provided by the treating physician, the diagnoses are:1. Right shoulder impingement.2. Right shoulder SLAP labral tear.A physical exam on 8/21/14 showed "full range of motion of right shoulder. Positive internal impingement sign at full external rotation. Positive O'Brien's test and positive compression grind test." The patient's treatment history includes medications, work restrictions, home exercise program, physical therapy, TENS unit. The treating physician is requesting purchase of home wave device DOS 9/17/14. The utilization review determination being challenged is dated 10/21/14 and denies request due to lack of complete medical documentation to support the request. The requesting physician provided treatment reports from 9/12/13 to 9/17/14.

IMR ISSUES, DECISIONS AND RATIONALES

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

Purchase of Home Wave Device DOS: 09/17/14: Upheld

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

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

Decision rationale: This patient presents with right shoulder pain. The treater has asked for Purchase of Home Wave Device from 9/17/14. Regarding H-wave, MTUS guidelines support home trial if TENS unit has failed if the patient has diagnosis of neuropathy or soft-tissue chronic inflammation. The treater states "the patient has not improved sufficiently with conservative care (including TENS unit). The use of H-wave has shown to benefit. In a survey taken regarding H-wave, the patient has noted a decrease in the need for oral medication." Regarding H-wave, MTUS guidelines support home trial if TENS unit has failed if the patient has diagnosis of neuropathy or soft-tissue chronic inflammation. MTUS states that: "Trial periods of more than one month should be justified by documentation submitted for review." It further requires that there is significant pain reduction along with functional improvement. In this case, the report does note "benefit" from use of H-wave device and a decrease in oral medication. However, this information was not verified in the progress reports. There were no pain scales showing pain reduction from trial of H-wave. How H-wave was used on a daily basis was not documented, and other than a generic statement, specific medication reduction was not documented. MTUS require documentation of its use and efficacy in terms of functional improvement. Given the lack of adequate documentation, a home purchase of H-wave is not medically necessary.