

Case Number:	CM14-0198660		
Date Assigned:	12/09/2014	Date of Injury:	12/06/2012
Decision Date:	01/27/2015	UR Denial Date:	11/17/2014
Priority:	Standard	Application Received:	11/26/2014

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 Occupational 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 applicant is a represented [REDACTED] employee, who has filed a claim for shoulder pain reportedly associated with an industrial injury of December 6, 2012. In a Utilization Review Report dated November 17, 2014, the claims administrator denied a request for an H-wave device. The applicant's attorney subsequently appealed. In a September 10, 2014 applicant questionnaire, the applicant stated that previous usage of a TENS unit had not provided adequate pain relief. It was suggested that the applicant had been given an H-wave device on August 20, 2014. The request for an H-wave device was reiterated on a November 5, 2014 RFA form, which the attending provider stated that he was seeking to employ the H-wave device for purchase for indefinite use purposes. On September 19, 2014, the applicant presented with bilateral hand, thumb, and upper extremity pain, reportedly attributed to cumulative trauma at work. The applicant was using unspecified medications. The applicant had undergone right carpal tunnel release surgery. It was stated that the applicant should employ bracing for the left hand and employ physical therapy for hand arthritis. The applicant's medications and work status were not provided. In a progress note dated July 7, 2014, the applicant was asked to employ acupuncture and physical therapy. Tylenol No. 3 and Prilosec were renewed. Psychiatry consultation was sought. The applicant was placed off of work, on total temporary disability, it was acknowledged.

IMR ISSUES, DECISIONS AND RATIONALES

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

Purchase of Home H-Wave device for the bilateral shoulder: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines H-wave Stimulation topic, 9792.20f Page(s): 118.

Decision rationale: As noted on page 118 of the MTUS Chronic Pain Medical Treatment Guidelines, the usage of an H-wave device on either rental or purchase basis beyond one month should be justified by documentation submitted for review, with evidence of a favorable outcome during said one-month trial, in terms of both pain relief and functioning. In this case, however, the information on file does not point the applicant's was having effected a successful outcome during an earlier one-month trial of the device in question, in terms of either pain relief or function. The applicant remains off of work, on total temporary disability. The applicant remains dependent on acupuncture, physical therapy and opioids agents such as Tylenol No. 3, all of the foregoing, taken together, suggests a lack of functional improvement as defined in MTUS 9792.20f, despite previous usage of the H-wave device. Therefore, the request for an H-wave device purchase is not medically necessary.