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| Case Number: | CM14-0202150 | | |
| Date Assigned: | 12/12/2014 | Date of Injury: | 08/14/2012 |
| Decision Date: | 01/29/2015 | UR Denial Date: | 11/04/2014 |
| Priority: | Standard | Application Received: | 12/03/2014 |

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:

This individual is a 62 y/o male who has developed chronic right shoulder problems subsequent to an injury dated 8/12/12. He was diagnosed with a complete right rotator cuff tear, but surgery was delayed to medical issues. He had surgery on 7/3/14 and has done fairly well post surgery, but has persistent weakness and pain reported to be 2/10 with activity. On 12/10/14 he was made permanent and stationary by the treating physician and the treating physician opined that no future medical care was necessary. There is no history of a trial of a TENS unit. There is a preprinted form from the Vender that states an H-wave survey documents benefits from the unit, but this is never confirmed in the physicians narrative or physical therapy notes.

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 Purchase: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines H-wave stimulation (HWT) Page(s): 171-172.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Transcutaneous Electrotherapy/ H/wave Page(s): 115-118.

Decision rationale: MTUS Guidelines are very specific that a trial is a TENS unit is recommended prior to a trial of an H-wave unit. This Guideline standard has not been met. In

addition, the treating physician has stated that there was no ongoing need for medical treatment, which would be inconsistent with the purchase of the H-wave unit. Under these circumstances, the DME H-wave Home Device is not medically necessary.