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| Case Number: | CM14-0205000 | | |
| Date Assigned: | 12/17/2014 | Date of Injury: | 05/02/2014 |
| Decision Date: | 02/11/2015 | UR Denial Date: | 11/12/2014 |
| Priority: | Standard | Application Received: | 12/08/2014 |

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:

Injured worker is a male with date of injury 5/2/2014. Per primary treating physician's progress report dated 11/3/2014, the injured worker complains of pain and exhibits impaired activities of daily living. The injured worker utilized home H-Wave at no cost for evaluation purposes from 9/30/2014 to 10/23/2014. After use of home H-Wave, in a survey the injured worker reported a decrease in the need for oral medication due to the use of H-Wave device. He has reported the ability to perform more activity and greater overall function due to the use of the H-Wave device. He has reported after use of the H-Wave device a 100% reduction in pain. He reports that after use of the H-Wave device he can lift more, and has increased motion and flexibility. He is using the home H-Wave 1 time per day, 7 days a week, for 30-45 minutes per session. Per office visit note dated 9/18/2014, the diagnoses include 1) rotator cuff sprain and strain 2) adhesive capsulitis of shoulder 3) other affections shoulder region NEC 4) superior glenoid labrum lesions.

IMR ISSUES, DECISIONS AND RATIONALES

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

H-wave device purchase: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines TENS and H-wave Stimulation.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines H-wave Stimulation (HWT) section Page(s): 117 and 118.

Decision rationale: The MTUS Guidelines do not recommend the use of H-wave stimulation as an isolated intervention. A one-month home-based trial of H-wave stimulation may be considered as a noninvasive conservative option for 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 physical therapy and medications, plus transcutaneous electrical nerve stimulation. The injured worker has been provided a one-month home trial of H-Wave stimulation, but there is no documentation of an evidence based functional restoration program used in conjunction with the device. There is also no report of failure of conservative care prior to utilizing H-Wave. Medical necessity of this request has not been established within the recommendations of the MTUS Guidelines. The request for H-wave device purchase is determined to not be medically necessary.