

Case Number:	CM14-0024696		
Date Assigned:	06/11/2014	Date of Injury:	04/18/2013
Decision Date:	01/29/2015	UR Denial Date:	01/27/2014
Priority:	Standard	Application Received:	02/26/2014

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 Physical Medicine Rehab, 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:

According to the records made available for review, this is a 31-year-old female with a 4/18/13 date of injury, and status post left shoulder arthroscopy with decompression and rotator cuff repair 11/4/13. At the time (1/27/14) of request for authorization for additional home H-wave rental for 3 months for left shoulder, there is documentation of subjective (pain in the left shoulder, symptoms aggravated with movement and at night time) and objective (motor strength 5/5, neurovascular intact, range of motion forward flexion 160 degrees) findings, current diagnoses (status post left shoulder arthroscopy with decompression and rotator cuff repair 11/4/13), and treatment to date (medications, activity modification and physical therapy). There is no documentation of chronic soft tissue inflammation, that H-wave is to be used as an adjunct to a program of evidence-based functional restoration, failure of additional initially recommended conservative care, including transcutaneous electrical nerve stimulation (TENS), and the effects and benefits of the one month trial (as an adjunct to ongoing treatment modalities within a functional restoration approach) and how often the unit was used, as well as outcomes in terms of pain relief and function.

IMR ISSUES, DECISIONS AND RATIONALES

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

Additional Home H-Wave rental for 3 months for left shoulder: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 117.

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

Decision rationale: MTUS Chronic Pain Medical Treatment Guidelines identifies that a one-month home-based trial of H-Wave stimulation may be considered as a noninvasive conservative option for chronic soft tissue inflammation 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 addition, MTUS Chronic Pain Medical Treatment Guidelines identifies that the effects and benefits of the one month trial should be documented (as an adjunct to ongoing treatment modalities within a functional restoration approach) as to how often the unit was used, as well as outcomes in terms of pain relief and function. Within the medical information available for review, there is documentation of diagnosis of status post left shoulder arthroscopy with decompression and rotator cuff repair 11/4/13. In addition, there is documentation of failure of conservative treatment medications and physical therapy. However, there is no documentation of chronic soft tissue inflammation and that H-wave is to be used as an adjunct to a program of evidence-based functional restoration. In addition, there is no documentation of failure of additional initially recommended conservative care, including transcutaneous electrical nerve stimulation (TENS). Furthermore, there is no documentation of the effects and benefits of the one month trial (as an adjunct to ongoing treatment modalities within a functional restoration approach) and how often the unit was used, as well as outcomes in terms of pain relief and function. Therefore, based on guidelines and a review of the evidence, the request for additional home H-wave rental for 3 months for left shoulder is not medically necessary.