

Case Number:	CM14-0043176		
Date Assigned:	07/02/2014	Date of Injury:	08/15/2005
Decision Date:	04/06/2015	UR Denial Date:	03/28/2014
Priority:	Standard	Application Received:	04/10/2014

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. 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/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:

State(s) of Licensure: California

Certification(s)/Specialty: Physical Medicine & Rehabilitation

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 injured worker is a 42 year old with an industrial injury date of 08/15/2005. On 11/11/2013 the injured worker presented for re-evaluation of right shoulder. He was status post diagnostic operative arthroscopy of his right shoulder with a rotator cuff repair, decompression, acromioplasty and debridement on 06/28/2014. Physical exam of the right shoulder reveal range of motion with forward flexion to 160 degrees, external rotation to 80 degrees and internal rotation to 80 degrees. On 03/04/2014 the injured worker complained of pain in neck, back, bilateral shoulders, bilateral elbows and bilateral knees. Light touch sensation of right lateral shoulder, right thumb tip, right long tip and right small tip were intact. Prior treatments include physical therapy and medications. Diagnoses were: Cervical spine disc bulges; Thoracic spine strain; Lumbar spine disc extrusion with radiculopathy; Right shoulder surgery; Status post left shoulder surgery; Right elbow strain; Left elbow strain; Right knee internal derangement; Right knee surgery; Compensatory left knee strain; Compensatory left ankle strain. The provider requested H wave unit. On 03/28/2014 the request for H wave unit was non-certified by utilization review. MTUS was cited.

IMR ISSUES, DECISIONS AND RATIONALES

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

H-Wave Unit: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines H-Wave devices Page(s): 117.

Decision rationale: Per the 03/04/14 report the patient presents with pain in neck, back, bilateral shoulders, bilateral elbows and bilateral knees s/p right shoulder arthroscopy 06/28/13. The current request is for H-Wave unit per the 03/04/14 RFA. The patient is off work for 6 weeks as of 03/04/14. The MTUS guidelines regarding H-Wave devices page 117 state a 30 trial may be recommended "and only following failure of initially recommended conservative care, including recommended physical therapy (i.e., exercise) and medications, plus transcutaneous electrical nerve stimulation (TENS)." The requested device is indicated for the patient's chronic pain conditions. However, the MTUS guidelines require a failed trial of TENS, and there is no evidence in the reports provided of prior TENS use or the results. Furthermore, a trial of H-Wave for 30 days is allowed, and this request is for an indeterminate time. There is no evidence of a prior successful trial of H-Wave. In this case, the request IS NOT medically necessary.