

Case Number:	CM14-0096981		
Date Assigned:	07/28/2014	Date of Injury:	03/22/2013
Decision Date:	01/27/2015	UR Denial Date:	06/10/2014
Priority:	Standard	Application Received:	06/25/2014

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 Family Practice and is licensed to practice in New Jersey. 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 is a 51 year old male worker with an injury date of 03/22/2013 and no narrative description of mechanism of the injury noted found within the provided materials. He was diagnosed with right shoulder joint pain, right arm pain, and disorder of soft tissue . He was treated with medications, TENS (which didn't help), and physical therapy. A primary treating physician visit dated 04/25/2014 described the patient with complaint of shoulder pain, diagnosed with shoulder pain and prescribed H-Wave for a 30 day trial to help reduce shoulder pain. A follow up office visit dated 06/02/2014 described the patient with pain complaint and exhibiting impaired activities of daily living. After 113 days of use of the H-wave device, the worker reported being able to decrease his medication use and increase in ability to do more housework, sleep better, and have more family interaction due to the H-wave. He also reported a 60% reduction in pain when using the device and it loosened his shoulder more.

IMR ISSUES, DECISIONS AND RATIONALES

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

Home H-wave device purchase - right shoulder: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines H-wave stimulation (HWT) Page(s): 117. Decision based on Non-MTUS Citation BlueCross BlueShield, 2007, Aetna, 2005, (Blum, 2008)

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

Decision rationale: The Chronic Pain Medical Treatment Guidelines in the MTUS state that H-wave devices are not recommended as an isolated intervention, but a one-month home-based trial of H-Wave stimulation for up to one month may be considered as a non-invasive conservative option for diabetic neuropathic pain or 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 recommended physical therapy including exercise, medications, plus transcutaneous electrical nerve stimulation (TENS). When using the H-wave stimulation device for this one month trial, MTUS states that it may be warranted to combine physical therapy during this period in order to help assess for any functional improvement. To justify continued use of the device, the provider needs to document improvements in function related to the devices use. In the case of this worker, there was a clear and significant positive response to his H-wave device trial improving his function, reducing his medications, and improving his sleep. It is unclear why the previous reviewer suggested an additional 2 week trial when there was sufficient time and positive outcome with use to suggest this worker warranted a home unit for him to use as a purchased item. Therefore, the H-wave device for purchase is medically necessary.