

Case Number:	CM15-0004088		
Date Assigned:	01/15/2015	Date of Injury:	01/28/1998
Decision Date:	03/10/2015	UR Denial Date:	12/23/2014
Priority:	Standard	Application Received:	01/08/2015

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: Arizona, California
 Certification(s)/Specialty: Family Practice

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 59 year old female with a date of injury as 01/28/1998. The worker was injured when she was emptying a large container and felt a sharp pain in her right shoulder. The current diagnoses include cervicalgia, right shoulder pain, status post repair of right rotator cuff tear, and status post right long head of biceps tenodesis. Previous treatments include medications, shoulder surgery, and H-wave trial. Primary treating physician's reports dated 06/12/2013 through 11/20/2014 were included in the documentation submitted for review. Report dated 11/20/2014 noted that the injured worker presented with complaints that included right sided neck pain, right shoulder pain, and right arm pain. Physical examination revealed cervical spine tenderness and spasm and decreased range of motion with pain, right shoulder tenderness and decreased range of motion, and decreased shoulder strength. The physician noted that the injured worker had improvement of 50% with use of medications and H-wave trial. Medication regimen included Vicodin and ibuprofen. Treatment plan included refilling prescriptions. The injured worker is on permanent work restrictions. The utilization review performed on 12/23/2014 non-certified a prescription for 1 permanent H-wave unit based on clinical evidence provided. The reviewer referenced the California MTUS in making this decision.

IMR ISSUES, DECISIONS AND RATIONALES

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

1 permanent H-wave unit: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines H-Wave stimulation (HWT).

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

Decision rationale: According to the guidelines an H-wave unit is not recommended but a one month trial maybe considered for diabetic neuropathic pain and chronic soft tissue inflammation if used with a functional restoration program including therapy, medications and a TENS unit. There is no evidence that H-Wave is more effective as an initial treatment when compared to TENS for analgesic effects. In fact, H-wave is used more often for muscle spasm and acute pain as opposed to neuropathy or radicular pain. In this case the claimant did not have the diagnoses or interventions noted above. There is no indication of the claimant undergoing an FRP or use of a TENS. In addition, the guidelines recommend rental over purchase of an H-wave unit. Therefore the request for purchase of an H-wave unit is not medically necessary.