

Case Number:	CM15-0009344		
Date Assigned:	01/27/2015	Date of Injury:	05/03/2013
Decision Date:	03/20/2015	UR Denial Date:	01/14/2015
Priority:	Standard	Application Received:	01/15/2015

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: 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:

This 45 year old man sustained an industrial injury on 5/3/2013 due to cumulative trauma. Current diagnoses include right shoulder type II SLAP lesionbulging disc, and left shoulder impingement. Treatment has included oral medications, TENS unit, physical therapy, surgical intervention, and an H-wave trial. No physician notes were identified that discussed H-wave therapy either evaluating the effectiveness of the trial, or requesting for home use. No request for authorization was identified that may include some insight or rationale on the therapeutic effects of treatment. On 1/14/2015, Utilization Review evaluated a prescription for H-wave unit, that was submitted on 1/15/2015. The UR physician noted that the H-wave unit is not recommended as an isolated intervention. The MTUS, ACOEM Guidelines, (or ODG) was cited. The request was denied and subsequently appealed to Independent Medical Review.

IMR ISSUES, DECISIONS AND RATIONALES

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

Purchase of 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: The Patient presents with shoulder pain rated 5-6/10 which radiates into the arm. The request is for purchase of h-wave device. The RFA is not provided. Patient's diagnosis included right shoulder type II SLAP lesion, 4mm bulging disc C5-6, 3.5 mm at C6-7, and left shoulder impingement. Patient's treatments included applying ice packs, Flexeril, Naprosyn, and Tylenol with codeine as well as TENS unit, physical therapy, surgical intervention, and an H-wave trial. Patient is permanent and stationary. Per MTUS Guidelines page 117, "H-wave is not recommended as an isolated intervention, but a 1-month home-based trial of H-wave stimulation 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." "and only following failure of initially recommended conservative care, including recommended physical therapy (i.e., exercise) and medications, plus transcutaneous electrical nerve stimulation (TENS)." MTUS further states trial periods of more than 1 month should be justified by documentations submitted for review. Treater has not discussed the reason for the request. It appears that patient has had a trial of the unit previously; however, there is lack of documentation in regards to the details of such therapy such as functional improvements, pain reduction or reduction in medication use. There is no discussion regarding the failure of initially recommended conservative care, including recommended physical therapy and TENS unit. Based on the limited provided information, the request cannot be considered to be in accordance with the MTUS guidelines. Therefore, the request IS NOT medically necessary.