

Case Number:	CM15-0102498		
Date Assigned:	06/04/2015	Date of Injury:	06/17/2013
Decision Date:	07/09/2015	UR Denial Date:	05/19/2015
Priority:	Standard	Application Received:	05/28/2015

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: Texas, New York, California
 Certification(s)/Specialty: Preventive Medicine, Occupational Medicine

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 applicant is a represented 38-year-old [REDACTED] beneficiary who has filed a claim for chronic shoulder pain reportedly associated with an industrial injury of June 17, 2013. In a Utilization Review report dated May 19, 2015, the claims administrator failed to approve a request for an H-Wave device purchase. A RFA form received on May 13, 2015 was referenced in the determination. In a May 11, 2015 RFA form, the attending provider and the device vendor sought authorization for purchase of an H-Wave device. A highly template letter dated May 11, 2015 was referenced in the determination, as was an applicant survey dated April 9, 2015, at which point it was acknowledged that the applicant had begun using the H-Wave device on March 19, 2015. The applicant had undergone earlier shoulder surgery on August 8, 2014. In a March 17, 2015 medical-legal evaluation, it was acknowledged that the applicant had undergone earlier shoulder surgery, earlier cervical spine surgery, and earlier ulnar nerve decompression surgery. The applicant was not working; it was reported in one section of the note. In another section of the note, it was stated that the applicant had gone back to work at a rate of four hours a day. In an April 6, 2015 medical legal supplemental report, the medical-legal evaluator opined that the applicant should return to work, beginning at a rate of four hours a day, then at a rate of six hours a day, and ultimately returning to work at a rate of eight hours a day. The applicant's medication list was not detailed on this occasion. The applicant was apparently using Naprosyn, Motrin, and Vicodin as of September 11, 2013.

IMR ISSUES, DECISIONS AND RATIONALES

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

Home H-wave purchase Qty: 1: 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 stimulation (HWT) Page(s): 118.

Decision rationale: No, the request for an H-Wave unit purchase was not medically necessary. Medically appropriate, or indicated here. As noted on page 118 of the MTUS Chronic Pain Medical Treatment Guidelines, usage of an H-Wave device beyond an initial one-month trial should be justified by documentation submitted for review, with evidence of favorable outcome in terms of both pain relief and function. Here, however, the bulk of the information submitted comprised of statements from the applicant and/or device vendor. There was no concrete evidence that the applicant had affected meaningful or material evidence in functional improvement as defined in MTUS 9792.20e with ongoing usage of the H-Wave device. The attending provider's commentary failed to outline evidence of a reduction in dependency on medical treatment and failed to outline compelling evidence that the applicant's work restrictions were in fact diminishing as a result of ongoing usage of the H-Wave device, etc. Therefore, the request for purchase of the same was not medically necessary.