

Case Number:	CM15-0106428		
Date Assigned:	06/10/2015	Date of Injury:	03/21/2013
Decision Date:	07/13/2015	UR Denial Date:	05/13/2015
Priority:	Standard	Application Received:	06/02/2015

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: Emergency 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 injured worker is a 46 year old female who sustained an industrial injury on March 21, 2013. She has reported right shoulder pain with radiation to the right upper extremity and has been diagnosed with right shoulder partial rotator cuff tear with impingement and right wrist tendinitis; early possible carpal tunnel syndrome. Treatment has included medical imaging, physical therapy, H-wave, TENS unit, and medications. Range of motion showed decreased range of motion to both the right and left shoulder. MRI of the right shoulder showed a partial rotator cuff tear. The treatment request included a H-wave device for home use for the right shoulder.

IMR ISSUES, DECISIONS AND RATIONALES

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

DME H-Wave Device for Home Use for Right Shoulder - Purchase: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM.

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

Decision rationale: As per MTUS Chronic pain guidelines H-Wave stimulation (HWT) is not recommended as an isolated therapy. It may be recommended in cases of diabetic neuropathy and chronic soft tissue inflammation with a successful 1 month trial if used as part of an evidence based functional restoration program. Several criteria needs to be met before HWT may be recommended 1) Patient does not have a diagnosis that meets criteria to even recommend a trial. Patient does not have diabetic neuropathy or chronic soft tissue inflammation. Pt has rotator cuff issues 2) Failure of conservative therapy. Fails criteria. Patient has ongoing physical therapy and has yet exhaust all conservative treatment 3) Failure of TENS therapy. Fails criteria. There is no documentation of TENS trial failure and for some reason the provider also request TENS if HWT was denied 4) Needs to be used as part of a functional restoration program, should not be used as an isolated treatment. Fails criteria. There is no documentation of an actual functional restoration program or what the end goal of HWT is suppose to be 5) Successful trial of HWT for 1month: Fails criteria. The provider is claiming that patient's claimed improvement in pain is due to a "free" HWT trial. Trial claims "60%" improvement and subjective claims. There is claim of decrease in pain medication use but the amount of pain medication documented from pre and post trial is unchanged. There is no documented objective improvement in functional status. The response to HWT trial is not consistent with a successful trial and fails criteria. Since documentation fails multiple criteria, does not properly document that HWT is part of an evidence based functional restoration program and the HWT trial is not valid, H-wave unit is not medically necessary.