

Case Number:	CM15-0140582		
Date Assigned:	07/30/2015	Date of Injury:	12/30/2014
Decision Date:	08/28/2015	UR Denial Date:	06/18/2015
Priority:	Standard	Application Received:	07/20/2015

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, Pain Management

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 49 year old male, who sustained an industrial injury on 12-30-2014. Diagnoses have included sprain and strain of left shoulder and upper arm, labral tear of shoulder, impingement syndrome of shoulder and calcific tendonitis of the left shoulder. Treatment to date has included physical therapy, transcutaneous electrical nerve stimulation (TENS), injections and a home exercise program. According to physician progress reports, the injured worker used a home H-wave unit for evaluation from 4-16-2015 to 5-27-2015. He had a chief complaint of left shoulder pain. Associated symptoms included stiffness. He reported a decrease in the need for oral medication due to the use of the H-wave device and he reported the ability to perform more activity with greater overall function. Authorization was requested for a home H-wave device.

IMR ISSUES, DECISIONS AND RATIONALES

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

Home H-Wave device left shoulder: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines H-Wave Stimulation Section.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines x 8 C.C.R. MTUS (Effective July 18, 2009) Page(s): 114, 117-118 of 127.

Decision rationale: Regarding the request for H-wave unit, Chronic Pain Medical Treatment Guidelines state that electrotherapy represents the therapeutic use of electricity and is another modality that can be used in the treatment of pain. Guidelines go on to state that H-wave stimulation is not recommended as an isolated intervention, but a one-month home-based trial of H-wave stimulation may be considered as a noninvasive 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 and medications plus transcutaneous electrical nerve stimulation. Within the documentation available for review, it appears the patient has undergone physical therapy and tens unit treatment prior to an H-wave trial. The patient underwent an H-wave trial with reported 40% reduction in pain, reduction in medication use, and improved function. Additionally, the progress report following the H-wave trial indicated that the patient did not need a medication refill, supporting the assertion that the H-wave trial reduces the need for medication. Furthermore, the patient is described as continuing to participate in a home exercise program. As such, the currently requested H-wave unit is medically necessary.