

Case Number:	CM15-0166573		
Date Assigned:	09/04/2015	Date of Injury:	10/01/2014
Decision Date:	10/08/2015	UR Denial Date:	07/31/2015
Priority:	Standard	Application Received:	08/25/2015

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:

The injured worker is a 66-year-old male, who sustained an industrial injury on 10-01-2014. He reported an overhead lifting injury. The injured worker was diagnosed as having shoulder sprain-strain rotator cuff, shoulder impingement-bursitis, bicipital tendinitis, and shoulder arthralgia. Treatment to date has included physical therapy, medications, and transcutaneous electrical nerve stimulation unit (without success). Currently, the injured worker complains of pain and impaired activities of daily living. Utilization of a home H wave was noted from 5-26-2015 to 6-14-2015. He reported the ability to perform more activity and greater overall function due to H wave use. Example of increased function was documented as "sleep better". Decreased medication use was denied. Pain-loss of function was rated 5 out of 10 prior to H wave, with 30% improvement reported following treatment. He was utilizing the H wave once daily, 6 days per week, for 45+ minutes per session. The treatment plan included purchase of a home H wave device for the right shoulder. The progress report (7-27-2015) noted that he was still having a bit of pain in his right shoulder, but better than before. He questioned if his work duties should be modified. He was working and reported that he did not know if the H wave was helping him that much. He was not taking any medications.

IMR ISSUES, DECISIONS AND RATIONALES

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

Home H-wave device, purchase, indefinite use for Right Shoulder: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Transcutaneous electrotherapy.

Decision rationale: The patient presents on 07/27/15 with improving right shoulder pain. The patient's date of injury is 10/01/14. Patient has no documented surgical history directed at this complaint. The request is for HOME H-WAVE DEVICE, PURCHASE, and INDEFINITE USE FOR RIGHT SHOULDER. The RFA was not provided. Physical examination dated 07/27/15 reveals tenderness to palpation of the biceps region, with atrophy noted in the deltoid, trapezius, triceps, and biceps muscles on the right. The patient is not currently prescribed any medications. Patient is currently working with modified duties. MTUS Guidelines, Transcutaneous Electric Nerve Stimulation section, page 117 under H-Wave stimulation has the following: 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. In regard to the purchase of a home-use H-wave device, the request is appropriate. Progress note dated 06/25/15 notes that this patient recently completed a one-month trial of the H-wave device, noting that he feels as though it is helping with the pain. Most recent progress note, dated 07/27/15 documents that this patient has stopped taking all medications for his right shoulder pain. MTUS guidelines recommend H-wave units as a conservative option for complaints of this nature. In this case, the patient has failed physical therapy treatments, and demonstrates functional improvements and medication reductions after being issued an H-wave for trial. Given this patient's presentation and the documentation of benefits from a 30-day trial, a purchase is substantiated. The request IS medically necessary.