MAXIMUS Federal Services

Case Number:	CM15-0181908		
Date Assigned:	09/23/2015	Date of Injury:	04/02/2007
Decision Date:	10/27/2015	UR Denial Date:	08/24/2015
Priority:	Standard	Application Received:	09/15/2015

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: Pennsylvania
Certification(s)/Specialty: Family Practice

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 57 year old female, who sustained an industrial injury on April 2, 2007. She reported left shoulder pain. The injured worker was diagnosed as having left shoulder with impingement and adhesions of the subacromial space, status post left shoulder arthroscopy, subacromial decompression and lysis of adhesions, shoulder joint derangement, rotator cuff sprain, derangement of meniscus and abnormal electrodiagnostic studies. Treatment to date has included diagnostic studies, surgical intervention of the left shoulder (April 8, 2015), physical therapy (noted as ineffective), TENS unit, medications and work restrictions. Currently, the injured worker continues to report left shoulder pain with decreased and painful range of motion and associated compensatory right shoulder pain. The injured worker reported an industrial injury in 2007, resulting in the above noted pain. Evaluation on April 10, 2015, revealed continued pain as noted. It was noted she had not improved since surgery on the left shoulder. The incision was noted as dry and intact with no evidence of infection. Her sensation was intact and she was able to move all digits. She noted right shoulder compensatory pain. Progress note on May 7, 2015, noted treatment with an H-wave device. It was noted cold weather aggravated her symptoms. It was also noted she tolerated all the activities well and the plan of care was continued. Evaluation on May 28, 2015, revealed the pain was "improving". She rated her pain at 3-4 on a 1-10 scale with 10 being the worst. Evaluation on June 8, 2015, revealed the left shoulder was in throbbing pain. She reported relief with H-wave device both in the clinic and in the home. The therapy note on June 17, 2015, revealed good progress in range of motion with treatment. She was seen for H-wave treatment and other treatments. The therapy note on July 8, 2015, noted the pain was improving. She rated her pain at 2 on a 1-10 scale with 10 being the worst. The physician noted the injured worker was in chronic pain beyond the anticipated time of healing. The RFA included a request for Home H-wave device purchase and was non-certified on the utilization review (UR) on August 24, 2015

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: Upheld

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: Regarding H-wave stimulation, the MTUS states: "Not recommended as an isolated intervention, but a one-month home-based trial of H-Wave stimulation may be considered as a non-invasive conservative option for diabetic neuropathic pain (Julka, 1998) (Kumar, 1997) (Kumar, 1998); 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 (i.e., exercise) and medications, plus transcutaneous electrical nerve stimulation (TENS)." In this case, it was reasonable to provide a trial of H-wave stimulation. However, the MTUS also states: "The one-month HWT trial may be appropriate to permit the physician and provider licensed to provide physical therapy to study the effects and benefits, and it should be documented (as an adjunct to ongoing treatment modalities within a functional restoration approach) as to how often the unit was used, as well as outcomes in terms of pain relief and function." Although the worker did report a decrease in pain, there was no evidence of functional improvement, which is necessary to justify the continued use of H-wave stimulation. Therefore, the request is not medically necessary.