

Case Number:	CM15-0187108		
Date Assigned:	09/29/2015	Date of Injury:	11/28/2014
Decision Date:	11/10/2015	UR Denial Date:	08/27/2015
Priority:	Standard	Application Received:	09/23/2015

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 52-year-old who has filed a claim for chronic shoulder pain reportedly associated with an industrial injury of November 28, 2014. In a Utilization Review report dated August 27, 2015, the claims administrator failed to approve a request for an H-wave device purchase. The claims administrator referenced a July 13, 2015 and July 29, 2015 office visits in its determination. The applicant's attorney subsequently appealed. On an RFA form dated July 29, 2015, the attending provider seemingly endorsed a preprinted order form for an H-wave device drafted by the H-wave vendor. A completed progress note did not seemingly accompany said RFA form, however. On June 29, 2015, the applicant signed a survey completed by the device rendered stating that the device had proven beneficial in terms of ameliorating its ability to interact with his family and do housework in unspecified amounts. The note comprised solely of preprinted checkboxes without any narrative commentary. The applicant's work status was not detailed. On July 13, 2015, the applicant presented ongoing complaints of shoulder pain status post earlier shoulder surgery. The treating provider contended the applicant had attempted return to regular duty, but had failed to do so. Work restrictions, Norco, and Relafen were endorsed. The attending provider stated he will continue the applicant current restrictions. It was suggested (but not clearly stated) the applicant was working with said limitations in place.

IMR ISSUES, DECISIONS AND RATIONALES

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

Purchase of home H-wave device for the right shoulder: 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: No, the request for the purchase of home H-wave device for the right shoulder was not medically necessary, medically appropriate, or indicated here. As noted on page 118 of the MTUS Chronic Pain Medical Treatment Guidelines, provision of the an H-wave device on a purchase basis should be predicated on evidence of favorable outcome during an earlier one-month trial of the same, with beneficial outcomes present in terms of both "pain relief and function." Here, however, the ongoing usage of H-wave device failed to curtail the applicant's dependence on opioid agents such as Norco, it was acknowledged on July 13, 2015. The ongoing usage of H-wave device failed to facilitate the applicant's return to regular work. Work restrictions were imposed on that date, seemingly unchanged from prior visits. All of the foregoing, taken together, suggested a lack of functional improvement as defined in MTUS 9792.20e, despite prior usage of the H-wave device in question. Therefore, the request was not medically necessary