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| Case Number: | CM15-0193411 | | |
| Date Assigned: | 10/07/2015 | Date of Injury: | 07/21/2014 |
| Decision Date: | 11/16/2015 | UR Denial Date: | 09/14/2015 |
| Priority: | Standard | Application Received: | 10/01/2015 |

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: Arizona, California
 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 47-year-old female, who sustained an industrial injury on July 21, 2014, incurring left shoulder injuries. She was diagnosed with left shoulder impingement syndrome, left acromioclavicular joint degenerative joint disease. Treatment included 24 physical therapy sessions, which did improve her constant pain, acupuncture, cortisone injection with, relieved her pain also. Other treatments included pain medications, anti-inflammatory drugs, topical analgesic gel, muscle relaxants and modified duties with restricted activities. Currently, the injured worker complained of ongoing left shoulder pain radiating into the upper back and neck and into the right shoulder region. She rated her pain at its worst 6 out of 10 on a pain scale from 0 to 10. She continued with physical therapy and acupuncture for relief of pain. A transcutaneous electrical stimulation unit gave no relief of pain. H-Wave unit helped decrease her pain and increased her daily activities and sleeping habits. The treatment plan that was requested for authorization included a trial of H-Wave unit. On September 14, 2015, a request for an H-Wave unit was denied by utilization review.

IMR ISSUES, DECISIONS AND RATIONALES

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

Trial of H-wave: Upheld

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

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

Decision rationale: According to the guidelines an H-wave unit is not recommended but a one month trial may be considered for diabetic neuropathic pain and chronic soft tissue inflammation if used with a functional restoration program including therapy, medications and a TENS unit. There is no evidence that H-Wave is more effective as an initial treatment when compared to TENS for analgesic effects. In fact, H-wave is used more often for muscle spasm and acute pain as opposed to neuropathy or radicular pain. In this case, the claimant had already tried the H-wave unit. The claimant had failed a TENS. The request for a trial did not indicate length of use. The request for the H-wave unit is not medically necessary.