

Case Number:	CM15-0195370		
Date Assigned:	10/09/2015	Date of Injury:	07/24/2003
Decision Date:	11/18/2015	UR Denial Date:	09/17/2015
Priority:	Standard	Application Received:	10/05/2015

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:

This 47 year old female sustained an industrial injury on 7-24-03. Documentation indicated that the injured worker was receiving treatment for bilateral shoulder internal derangement and right shoulder glenoid labrum tear status post repair. Previous treatment included physical therapy, transcutaneous electrical nerve stimulator unit, home exercise and medications. In a PR-2 dated 7-10-15, the injured worker complained of intermittent shoulder pain and pain with lifting, pulling and pushing. Physical exam was remarkable for tenderness to palpation over bilateral supraspinatus, coracoid and bicipital groove. The injured worker took over the counter Aleve as needed for pain. The injured worker underwent a home H-wave trial on 7-29-15. The injured worker reported that the H-wave allowed her to lift more and lift easier and that the H-wave provided 70% improvement in pain. On 9-10-15, a request for authorization was submitted for a home H-wave device. On 9-17-15, Utilization Review noncertified a request 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: 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: 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's physical exam at the time of the request did not provide any information on soft tissue inflammation. The claimant had used the Hwave in the prior month. Long-term use is not recommended by the guidelines. Therefore, the request for purchase of an H-wave unit is not medically necessary.