

Case Number:	CM15-0197165		
Date Assigned:	10/12/2015	Date of Injury:	03/02/2010
Decision Date:	11/19/2015	UR Denial Date:	09/16/2015
Priority:	Standard	Application Received:	10/07/2015

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: Emergency 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 injured worker is a male, who sustained an industrial injury on 3-2-2010. The injured worker is undergoing treatment for bilateral shoulder pain and status post left shoulder rotator cuff repair. Medical records dated 9-9-2015 indicate the injured worker complains of shoulder pain. He reports he uses an H-wave but that "the batteries on running low on it. They will knee holder charge for approximately 15 minutes." Physical exam dated 9-9-2015 notes range of motion (ROM) of the right shoulder is near normal, range of motion (ROM) of the left shoulder is limited to just over shoulder level, impingement signs are positive strength is decreased. Treatment to date has right shoulder rotator cuff repair, included H-wave, Indocin and Norco. The original utilization review dated 9-16-2015 indicates the request for H-wave rental is non-certified.

IMR ISSUES, DECISIONS AND RATIONALES

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

H-wave (rental): 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): Electrical stimulators (E-stim).

Decision rationale: The requested H-wave (rental) is not medically necessary. CA MTUS Chronic Pain Treatment Guidelines, Pages 117-118, H-Wave Stimulation (HWT), noted that H-wave is "Not recommended as an isolated intervention, but a one-month home-based trial of H-Wave stimulation may be considered as a noninvasive 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, including recommended physical therapy (i.e., exercise) and medications, plus transcutaneous electrical nerve stimulation (TENS). The injured worker has bilateral shoulder pain and is status post left shoulder rotator cuff repair. Medical records dated 9-9-2015 indicate the injured worker complains of shoulder pain. He reports he uses an H-wave but that "the batteries on running low on it. They will knee holder charge for approximately 15 minutes." Physical exam dated 9-9-2015 notes range of motion (ROM) of the right shoulder is near normal, range of motion (ROM) of the left shoulder is limited to just over shoulder level, impingement signs are positive strength is decreased. The treating physician has not documented detailed information regarding TENS trials or their results. The criteria noted above not having been met, H-wave (rental) is not medically necessary.