MAXIMUS Federal Services

Case Number:	CM15-0208790		
Date Assigned:	10/27/2015	Date of Injury:	06/17/2014
Decision Date:	12/14/2015	UR Denial Date:	10/20/2015
Priority:	Standard	Application Received:	10/23/2015

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 [redacted] employee who has filed a claim for chronic shoulder pain and headaches reportedly associated with an industrial injury of June 17, 2014. On a Utilization Review report dated October 28, 2015, the claims administrator failed to approve a request for an H-wave device. An RFA form received on October 6, 2015 was referenced in the determination. The applicant's attorney subsequently appealed. On a highly templated October 23, 2015 appeal letter, the attending provider sought authorization for an H-wave device. The attending provider seemingly stated that the previously proposed H-wave device on a trial basis had proven beneficial. The applicant's work status, functional status, and medications were not, however, discussed. On a survey dated August 7, 2015, device vendor stated the applicant had the used the H-wave device for 21 days through this point in time. On October 6, 2015 office visit, the applicant was given an extremely proscriptive limitation of "no lifting." Bilateral shoulder pain complaints were reported. Ancillary complaints of headaches were also evident. Motrin, Flexeril, and Ultracet were sought. The attending provider stated that the applicant's shoulder pain complaints were worsened and the applicant would likely require further shoulder surgery. Continued usage of the H-wave device in question was sought. The attending provider stated towards the top of the note the applicant was "not working" as the treating provider was unable to accommodate previously suggested limitations.

IMR ISSUES, DECISIONS AND RATIONALES

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

H-Wave for purchase: 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: No, the request for an H-wave device [purchase] was not medically necessary, medically appropriate, or indicated here. As noted on page 118 of the MTUS Chronic Pain Medical Treatment Guidelines, provision of an H-wave device on a purchase basis should be predicated on evidence of a favorable outcome during an earlier one-month trial of the same with beneficial outcomes present "in terms of pain relief and function." Here, however, it did not appear that the applicant had profited from prior usage of the H-wave device. The applicant was off of as of the October 5, 2015 office visit at issue, the treating provider acknowledged. An extremely proscriptive limitation "no lifting" was imposed on that date, effectively resulting in the applicant's removal from the workplace. The applicant remained dependent on a variety of analgesic medications to include Ultracet, Flexeril, and Motrin, the treating provider acknowledged. It did not appear that usage of the H-wave device had resulted in of any material reduction in medication consumption. The applicant was, furthermore, considering further shoulder surgery as of the October 6, 2015 office visit, suggesting that the H-wave device had not diminished the applicant's dependence or reliance on other forms of medical treatment. All of the foregoing, taken together, suggested a lack of functional improvement as defined in MTUS 9792.20e, despite ongoing usage of the H-wave device. Therefore, the request was not medically necessary.