

Case Number:	CM15-0210327		
Date Assigned:	10/29/2015	Date of Injury:	10/17/2012
Decision Date:	12/09/2015	UR Denial Date:	10/02/2015
Priority:	Standard	Application Received:	10/26/2015

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: North Carolina

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 is a 56 year old female with a date of injury of October 17, 2012. A review of the medical records indicates that the injured worker is undergoing treatment for superior labral tear of the right shoulder bicipital tendonitis, extensor synovitis and grade III chondromalacia of the glenohumeral joint of the right shoulder, and type III acromion with extremely tight subacromial space. Medical records dated July 17, 2015 indicate that the injured worker complained of right shoulder pain radiating to the neck, elbow, and arm rated at a level of 9 out of 10. Records also indicate the injured worker complained of tingling, stiffness, weakness, numbness, and tenderness. A progress note dated September 18, 2015 documented complaints similar to those reported on July 17, 2015 with pain rated at a level of 6 out of 10. Per the treating physician (September 18, 2015), the employee was permanent and stationary. The physical exam dated July 17, 2015 reveals tenderness of the right shoulder. The progress note dated September 18, 2015 documented a physical examination that showed decreased range of motion of the right shoulder. Treatment has included a transcutaneous electrical nerve stimulator unit, an unknown number of physical therapy sessions that were helpful, and medications (Tramadol and Motrin). The utilization review (October 2, 2015) non-certified a request for purchase of an H-wave unit for the right shoulder.

IMR ISSUES, DECISIONS AND RATIONALES

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

H-wave unit purchase for the right shoulder: 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: The California chronic pain medical treatment guidelines section on H-wave stimulation therapy states: H-wave stimulation (HWT): 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 (Julka, 1998) (Kumar, 1997) (Kumar, 1998), 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). In a recent retrospective study suggesting effectiveness of the H-wave device, the patient selection criteria included a physician documented diagnosis of chronic soft-tissue injury or neuropathic pain in an upper or lower extremity or the spine that was unresponsive to conventional therapy, including physical therapy, medications, and TENS. (Blum, 2006) (Blum2, 2006) There is no evidence that H-Wave is more effective as an initial treatment when compared to TENS for analgesic effects. A randomized controlled trial comparing analgesic effects of H wave therapy and TENS on pain threshold found that there were no differences between the different modalities or HWT frequencies. (McDowell2, 1999) [Note: This may be a different device than the H-Wave approved for use in the ■■■.] The clinical documentation for review does not include a one-month trial of H wave therapy with objective significant improvements in pain and function. Therefore criteria for a home unit purchase have not been met and the request Is not medically necessary.