MAXIMUS Federal Services

Case Number:	CM15-0214102		
Date Assigned:	11/03/2015	Date of Injury:	02/12/2015
Decision Date:	12/22/2015	UR Denial Date:	10/07/2015
Priority:	Standard	Application Received:	10/30/2015

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, 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 was a 62 year old female, who sustained an industrial injury, February 12, 2015. The injured worker was undergoing treatment for right shoulder pain and status post right shoulder arthroscopic surgery. According to progress note of August 11, 2015 the injured worker's chief complaint was right shoulder pain. On August 11, 2015 the injured worker started a 30 day H-wave trial on August 17 an evaluation was completed the injure worker's pain level was 4-5 out of 10 at the start and after a 30-45 minute session the pain level was decreased to 1-2 out of 10. Physical examination of the right shoulder revealed limited range of motion. The injured worker received 80% relief from pain in the right shoulder. The injured worker previously received the following treatments arthroscopic surgery with subacromial decompression, synovectomy, rotator cuff repair on 6/17/15 with double row fixation and lysis of adhesions and physical therapy. The RFA (request for authorization) dated the following treatments were requested for the home H-wave device purchase and indefinite use (for 30-60 minute sessions as needed). The UR (utilization review board) denied certification on October 5, 2015; for the home H-wave device purchase and indefinite use (for 30-60 minute sessions as needed).The patient had MRI of the right upper extremity on 3/31/15 that revealed full thickness tear of the rotator cuff. The patient sustained the injury due to trip and fall incident. The current medication list was not specified in the records specified.

IMR ISSUES, DECISIONS AND RATIONALES

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

Home H-wave device, purchase/indefinite use (for 30-60 minutes sessions as needed): 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: Home H-wave device, purchase/indefinite use (for 30-60 minutes sessions as needed) Per the CA MTUS Chronic Pain Medical Treatment Guidelines H- wave stimulation (HWT) 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).Per the records provided, indications listed above were not specified in the records provided. The records provided did not specify evidence of neuropathic pain, CRPS I and CRPS II. Evidence of a trial and failure of a TENS for this injury was not specified in the records provided. The patient has received an unspecified number of PT visits for this injury. The records provided did not specify a response to conservative measures such as oral pharmacotherapy or splint in conjunction with rehabilitation efforts for this diagnosis. Evidence of diminished effectiveness of medications or intolerance to medications was not specified in the records provided. Furthermore, documentation of response to other conservative measures such as oral pharmacotherapy in conjunction with rehabilitation efforts was not provided in the medical records submitted. The medical necessity of Home H-wave device, purchase/indefinite use (for 30-60 minutes sessions as needed) is not fully established for this patient, therefore is not medically necessary.