

Case Number:	CM15-0215938		
Date Assigned:	11/05/2015	Date of Injury:	12/04/2008
Decision Date:	12/18/2015	UR Denial Date:	10/23/2015
Priority:	Standard	Application Received:	11/02/2015

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: Massachusetts

Certification(s)/Specialty: Physical Medicine & Rehabilitation, Pain Management

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 69 year old female, who sustained an industrial injury on 12-4-2008. A review of the medical records indicates that the injured worker is undergoing treatment for right rotator cuff deficiency status post reverse total arthroplasty and right shoulder pain. On 10-21-2015, the injured worker reported residual numbness at the tip of the right index finger, shoulder, and muscular pain rated 5 out of 10 on the visual analog scale (VAS). The Primary Treating Physician's report dated 10-21-2015, noted the injured worker status post right shoulder arthroplasty 6-8-2015, with range of motion (ROM) slowly improving with physical therapy. The injured worker was noted to report she was improving very slowly with both physical therapy and H-wave, which helped to ameliorate her shoulder and muscular pain, requiring Norco and Ibuprofen, but no longer requiring the Soma. The physical examination was noted to show the strength of the right shoulder girdle was still 3+ out of 5 with distal neurovascular intact and minimal hypesthesia at the tip of the right index finger. Prior treatments have included physical therapy, right shoulder surgeries, E-stim, and H-wave. The Physician noted on 8-18-2015 the E-stim had been used to improve the injured worker's shoulder strength and the H-wave had been utilized to help diminish soft tissue and muscular pain. The treatment plan was noted to include continued physical therapy, H-wave, Norco, and Ibuprofen. The request for authorization dated 10-15-2015, requested a home H-wave device. The Utilization Review (UR) dated 10-23-2015, non-certified the 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: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Transcutaneous electrotherapy.

Decision rationale: The claimant sustained a work injury in December 2008 and underwent a right reverse shoulder arthroplasty in June 2015. In August 2015, she was using electrical stimulation for strengthening and an H-wave unit for soft tissue and muscular pain. A report dated September 2015 references home based H-wave use beginning 09/03/15. The claimant reported decreased medication use and improved sleep and activities of daily living tolerance. Prior treatments referenced are TENS, physical therapy, medications, and electrical stimulation. Treatments have included post-operative physical therapy with completion of 36 treatments as of 10/23/15. When seen in October 2015, she was slowly improving. She had pain rated at 5/10. She was continuing to take Norco and ibuprofen but had discontinued Soma. There was decreased shoulder range of motion and decreased strength. There was minimal right index fingertip hyperesthesia. H-wave stimulation is not recommended as an isolated intervention. Guidelines recommend that a one-month home-based trial may be considered as a noninvasive conservative option following failure of initially recommended conservative care, including recommended physical therapy, medications, and transcutaneous electrical nerve stimulation (TENS). In this case, the claimant has not failed conservative treatments after her shoulder surgery and continued physical therapy was being recommended. Although there is reference to a failure of TENS, there is no actual documented trial of TENS use. Purchasing an H-wave unit is not medically necessary.