

Case Number:	CM15-0030834		
Date Assigned:	06/03/2015	Date of Injury:	06/26/2010
Decision Date:	07/06/2015	UR Denial Date:	01/21/2015
Priority:	Standard	Application Received:	02/19/2015

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:

The injured worker is a 45 year old male, who sustained an industrial injury on June 26, 2010. He reported right arm pain and left shoulder pain. The injured worker was diagnosed as having status post left shoulder acromioplasty, status post right cubital tunnel release and exacerbation of rotator cuff impingement and acromioclavicular joint arthrosis. Treatment to date has included radiographic imaging, diagnostic studies, surgical intervention of the left shoulder, right arm sling, physical therapy, medications and work restrictions. Currently, the injured worker complains of continued left shoulder and right arm pain. The injured worker reported an industrial injury in 2010, resulting in the above noted pain. He was treated conservatively and surgically without complete resolution of the pain. Evaluation on November 18, 2014, revealed he underwent cubital tunnel release with no noted complications. Evaluation on January 15, 2015, revealed continued pain as noted. He reported the left shoulder was painful and stiff possibly secondary to overuse since he had surgical intervention of the right upper extremity in November and the right arm pain with the extremity supported in a sling. A 30 day trial of an H-wave unit was recommended. The purchase of a H-wave device was requested after the 30 day trial period.

IMR ISSUES, DECISIONS AND RATIONALES

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

Purchase of a Home H-Wave Unit for the Left Shoulder: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines H-Wave Stimulation (HWT).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines H-Wave Page(s): 117.

Decision rationale: The California MTUS section on H-Wave therapy states: 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). The patient does not have a documented one-month trial with objective improvement in pain and function as well as the device being used as an adjunct to a program of evidence based functional restoration. Therefore the request for Purchase of a Home H-Wave Unit for the Left Shoulder is not medically necessary.