

Case Number:	CM15-0038463		
Date Assigned:	03/09/2015	Date of Injury:	05/27/2014
Decision Date:	04/21/2015	UR Denial Date:	02/12/2015
Priority:	Standard	Application Received:	03/02/2015

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:

This 33-year-old male sustained an industrial injury to the right shoulder on 5/27/14. The injured worker was diagnosed with right shoulder dislocation. The injured worker underwent right shoulder arthroscopy with subacromial decompression and labral repair on 8/16/14. Additional treatment included physical therapy, medications and Dyna-splint. In a PR-2 dated 1/13/15, the injured worker complained of right shoulder pain 9/10 on the visual analog scale. Physical exam was remarkable for a well-healed surgical incision to the right shoulder without signs of infections, right shoulder without tenderness to palpation, with restricted range of motion, no evidence of instability and 5/5 motor strength. The physician noted that the injured worker had chronic 9/10 pain despite being on Norco. Current diagnoses included right shoulder adhesive capsulitis. The treatment plan included an H-wave machine, additional physical therapy and a pain management consultation.

IMR ISSUES, DECISIONS AND RATIONALES

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

DME: H-wave machine: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines H-wave stimulation.

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

Decision rationale: The claimant is nearly one-year status post work-related injury and continues to be treated for right shoulder pain after a dislocation and following arthroscopic surgery. Treatments have included physical therapy including in-therapy use of an H-wave unit. 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. In this case, the claimant has not undergone a home-based trial of H-wave stimulation and therefore the requested H-wave home care system purchase is not medically necessary.