

Case Number:	CM15-0045199		
Date Assigned:	03/17/2015	Date of Injury:	06/18/2013
Decision Date:	04/20/2015	UR Denial Date:	02/20/2015
Priority:	Standard	Application Received:	03/09/2015

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: California, Indiana, New York
Certification(s)/Specialty: Internal Medicine

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 52 year old male, who sustained an industrial injury on June 18, 2013. He has reported right shoulder pain. Diagnoses have included right shoulder rotator cuff repair. Treatment to date has included medications, physical therapy, and H-wave therapy. A progress note dated January 26, 2015 indicates a chief complaint of continued pain that was improved with H-wave therapy. The treating physician documented a plan of care that included purchase of H-wave therapy unit and supplies.

IMR ISSUES, DECISIONS AND RATIONALES

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

H-wave purchase, Electrodes purchase Qty 9: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Transcutaneous electrotherapy Page(s): 114.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain section, H wave stimulator.

Decision rationale: Pursuant to the Official Disability Guidelines, H wave purchase, electrodes purchase #9 is not medically necessary. H wave stimulation (HWT) is not recommended as an isolated intervention for chronic pain but one month trial, home-based, may be considered as a noninvasive conservative option. There is insufficient evidence to recommend the use of H wave stimulation for the treatment of chronic pain as no high quality studies were identified. The following Patient Selection Criteria should be documented by the medical care provider for HWT to be determined medically necessary. These criteria include other noninvasive, conservative modalities for chronic pain treatment have failed, a one-month home-based trial following a face-to-face clinical evaluation and physical examination performed by the recommending physician, the reason the treating physician believes HWT may lead to functional improvement or reduction in pain; PT, home exercise and medications have not resulted in functional improvement or reduction of pain; use of tens for at least a month has not resulted and functional improvement or reduction of pain. A one-month trial will permit the treating physician and physical therapy provider to evaluate any effects and benefits. In this case, the injured worker's working diagnosis s/p post right shoulder cuff repair. The injured worker had prior physical therapy, prescription medication use and TENS use from October 2014 through December 2014. An HWT trial was initiated December 22, 2014 for approximately 78 days. The HWT helped the pain, the injured worker required less medications and there was an increase in ADLs. A progress note dated December 16, 2014 and January 26, 2015 did not contain a physical examination. A prerequisite for the Patient Selection Criteria for HWT use includes a face-to-face clinical evaluation and physical examination performed by the recommending physician. Additionally, the documentation did not include a reason the recommending physician believes HWT may lead to functional improvement or reduction in pain. The documentation did not include a regional application or body part to be treated. The guidelines indicate there is insufficient evidence to recommend the use of H wave stimulation for the treatment of chronic pain because no high-quality studies were identified. Consequently, absent clinical documentation including a physical examination and the physician's reason for recommending HWT and how it may lead to functional improvement for reduction in pain (pursuant to the Patient Selection Criteria) in addition to guidelines stating there is insufficient evidence to recommend the use of HWT for the treatment of chronic pain because no high-quality studies were identified, H wave purchase, electrodes purchase #9 is not medically necessary.

Ultra gel purchase, Qty 3: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain section, H wave stimulator.

Decision rationale: Pursuant to the Official Disability Guidelines, H wave purchase, electrodes purchase #9 is not medically necessary. H wave stimulation (HWT) is not recommended as an isolated intervention for chronic pain but one month trial, home-based, may be considered as a noninvasive conservative option. There is insufficient evidence to recommend the use of H wave stimulation for the treatment of chronic pain as no high quality studies were identified. The

following Patient Selection Criteria should be documented by the medical care provider for HWT to be determined medically necessary. These criteria include other noninvasive, conservative modalities for chronic pain treatment have failed, a one-month home-based trial following a face-to-face clinical evaluation and physical examination performed by the recommending physician, the reason the treating physician believes HWT may lead to functional improvement or reduction in pain, PT, home exercise and medications have not resulted in functional improvement or reduction of pain; use of tens for at least a month has not resulted and functional improvement or reduction of pain. A one month trial will permit the treating physician and physical therapy provider to evaluate any effects and benefits. In this case, the injured worker's working diagnosis is says post right shoulder cuff repair. The injured worker had prior physical therapy, prescription medication use and TENS use from October 2014 through December 2014. An HWT trial was initiated December 22, 2014 at approximately 78 days. The HWT helped pain, the injured worker required less medications with an increase in ADLs. A progress note dated December 16, 2014 and January 26, 2015 did not contain a physical examination. A prerequisite for the Patient Selection Criteria for HWT use includes a face-to-face clinical evaluation and physical examination performed by the recommending physician. Additionally, the documentation did not include a reason the recommending physician believes HWT may lead to functional improvement or reduction in pain. The documentation did not include a regional application or body part to be treated. The guidelines indicate there is insufficient evidence to recommend the use of H wave stimulation for the treatment of chronic pain because no high-quality studies were identified. Absent clinical documentation including a physical examination and the physician's reason for recommending HWT and how it may lead to functional improvement for reduction in pain (pursuant to the Patient Selection Criteria) in addition to guidelines stating there is insufficient evidence to recommend the use of HWT for the treatment of chronic pain because no high-quality studies were identified, H wave purchase, electrodes purchase #9 is not medically necessary. Because the H wave purchase and electrodes are not medically necessary, the Ultrigel purchase #3 is not necessary.