

Case Number:	CM13-0041413		
Date Assigned:	12/20/2013	Date of Injury:	02/24/2007
Decision Date:	02/15/2014	UR Denial Date:	09/26/2013
Priority:	Standard	Application Received:	10/11/2013

HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to a physician reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The physician reviewer is Board Certified in Physical Medicine and Rehabilitation and is licensed to practice in California. 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 physician 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/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

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 patient is a 48-year-old male who reported an injury on 02/24/2007. The mechanism of injury was not provided in the medical records. The most recent clinical note dated 12/05/2013 revealed continued complaints of right shoulder pain with a history of 4 right shoulder operations. According to this documentation, the patient has previously used a TENS unit for his right shoulder which had been helpful in the past, and an H-wave apparatus which also gave him relief. Physical examination noted that there was tenderness over the right shoulder and shoulder abduction was limited to 45 degrees. The patient's diagnoses included failed right shoulder surgery syndrome with a history of 4 right shoulder operations, and status post anterior and posterior cervical fusions. Medication regimen included Opana ER 30 mg twice a day, Norco 10/325 4 times a day, Dalmane 30 mg at bedtime, Soma 350 mg 3 times a day, and Lidocaine gel and Pennsaid drops to the right shoulder 3 times a day. It was also noted that the patient's plan of care consisted of a new right shoulder TENS unit that would be ordered, and to be used in conjunction with the H-wave device.

IMR ISSUES, DECISIONS AND RATIONALES

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

Decision for h Wave Device one month home use evaluation: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines H-wave stimulation (HWT) Page(s): 117-118.

Decision rationale: Per California MTUS Guidelines, a 1 month home based trial of H-wave stimulation can be considered as an adjunct to a program of evidence based functional restoration and only following failure of initially recommended conservative care including recommended physical therapy and medications plus the use of a TENS. Although there is documentation of the patient's past use of a TENS unit, the specific dates of use and the patient's specific response to the use of a TENS unit is not provided in the medical record. There is also no documentation of any conservative treatment that were attempted and failed. Due to the lack of information not provided in the medical record that is recommended or required by California MTUS Guidelines, the request for the H-wave device for 1 month home use is non-certified.