

Case Number:	CM14-0018922		
Date Assigned:	04/23/2014	Date of Injury:	05/01/2012
Decision Date:	07/02/2014	UR Denial Date:	02/13/2014
Priority:	Standard	Application Received:	02/14/2014

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. The expert reviewer is Board Certified in Geriatrics, has a subspecialty in Family Practice and is licensed to practice in New York. 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/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 injured worker is a 47 year old woman with a date of injury of 5/1/12. She had completed a long course of physical therapy in the past. She was seen by her orthopedic physician on 1/22/14 for follow up of her shoulder. She was status post left shoulder arthroscopy with debridement of partial rotator cuff tear and debridement of degenerative labral tear and subacromial decompression along with distal clavicle resection on 2/28/13. She also had cervical disc disease with referred pain. Her physical exam showed near full range of motion of her left shoulder with negative O'Brien and Jobe tests and negative impingement signs. Her rotator cuff strength was full and she had non-specific pain along the base of the neck, upper trapezial and interscapular areas. She was to continue with mobic and neurontin. At issue in this review is an H wave home device was requested on 2/3/14.

IMR ISSUES, DECISIONS AND RATIONALES

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

HOME H-WAVE SYSTEM FOR 1 MONTH TRIAL: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 117-118.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines 9792.20 - 9792.26, Page(s): 118-119.

Decision rationale: H-wave stimulation (HWT) is 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 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). In this injured worker, her physical functioning was near normal and she was to return to full work. The records do not substantiate that she has failed other conventional therapy or justify H-wave system use. Therefore, the request is not medically necessary.