

Case Number:	CM14-0140447		
Date Assigned:	09/10/2014	Date of Injury:	02/20/2013
Decision Date:	10/29/2014	UR Denial Date:	08/14/2014
Priority:	Standard	Application Received:	08/29/2014

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 Family Medicine and is licensed to practice in New Jersey and 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 45 year-old male who was injured on 2/20/13. The injured worker complained of occasional neck and bilateral shoulder pain, right worse than left with numbness and tingling of his upper extremities. He had difficulty with activities of daily living. On exam, he had tender shoulders with decreased range of motion, left wrist tenderness with decreased range of motion; he had normal sensation and motor strength of his upper extremities. An MRI showed partial thickness tear of left shoulder He was diagnosed with cervical sprain with signs and symptoms of radiculitis, cervicgia, discogenic disease, shoulder impingement syndrome, rotator cuff tears bilaterally, and bilateral acromioclavicular joint arthrosis. His treatment included medications, chiropractic care, physical therapy with a home exercise program, cortisone and lidocaine injection. He had right shoulder arthroscopy on 3/10/14 with continued physical therapy and home exercises. The request is for a home H-wave device for his right shoulder.

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 Device for Right Shoulder: 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 H-wave stimulation Page(s): 117-118.

Decision rationale: The injured worker used a home H wave device from 5/27/14-6/16/14 which helped reduce and eliminate pain, reduce the need for oral medication, decrease or prevent muscle spasms. However, according to MTUS guidelines, in order to try an H-wave device, the injured worker has to have failed conservative therapy such as medications, physical therapy and a trial of a TENS unit. It is unclear by the record if medications did not adequately control his pain and he also did not have a trial of the TENS unit yet. Therefore, the purchase of an H-wave device is not medically necessary at this time.