

Case Number:	CM14-0157666		
Date Assigned:	09/30/2014	Date of Injury:	08/21/2013
Decision Date:	11/14/2014	UR Denial Date:	09/09/2014
Priority:	Standard	Application Received:	09/25/2014

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 Pain Management, 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 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 43 year old male with a date of injury on 8/21/2013. As per the report of 08/06/14, he complained of pain in the shoulder joint region. On exam, he had full range of motion. He had upper parascapular muscular tenderness and a small area of muscle spasm and tightness in the area of levator scapulae insertion. There was minimal tenderness in the area of the pectoralis insertion and the biceps tenodesis site. More discomfort was present directly overlying the coracoid. He has had intact biceps strength and has not had an increased discomfort about the coracoid with flexion of the elbow against resistance. Internal rotation against resistance did cause discomfort. He was status post right shoulder arthroscopy, debridement, acromioplasty, biceps tenodesis, as well as biopsy of proximal humeral lesion. The current medications include ibuprofen. A prescription was given for Relafen. He was utilizing home H-Wave stimulation 1 time per day, 7 times per week for 30-45 minutes per session. He underwent physical therapy from 05/09/14 to 07/30/14 and noted 30% improvement in his pain. The diagnoses include possible pectoralis strain and possible coracoid bursitis.

IMR ISSUES, DECISIONS AND RATIONALES

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

Home H- wave device for purchase: Upheld

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

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

Decision rationale: Per guidelines, the H-Wave is not recommended as an isolated intervention. However, 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 program of evidence based functional restoration and only following failure of initially recommended conservative care including recommended physical therapy, medications, and transcutaneous electrical nerve stimulation. H-wave stimulation may be used more often for muscle spasm and acute pain as opposed to neuropathy or radicular pain, since there is anecdotal evidence that H-wave stimulation helps to relax the muscles. However, there are no published studies to support this use so it is not recommended at this time. Furthermore, in this case, the medical records do not document any significant improvement with its use. Thus, the request is not considered medically necessary.