

Case Number:	CM14-0165545		
Date Assigned:	10/10/2014	Date of Injury:	06/24/2011
Decision Date:	11/12/2014	UR Denial Date:	09/11/2014
Priority:	Standard	Application Received:	10/08/2014

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 Anesthesiology, has a subspecialty in Pain Medicine and is licensed to practice in Florida. 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 41 year old male who reported injury on 06/24/2011. The mechanism of injury was from getting off forklift. The injured worker's diagnoses included impingement syndrome of left shoulder. The injured worker's treatments included physical therapy, medications, and surgery. The injured worker's diagnostic studies were not provided. The injured worker's surgical history included status post subacromial decompression of the left shoulder on 06/10/2014. On the clinical note dated 08/22/2014, the injured worker complained of pain and weakness. The injured worker had mild tenderness and swelling over the Acromioclavicular joint and surgical site. The injured worker's range of motion of the left shoulder was flexion at 110 degrees, extension at 20 degrees, abduction at 90 degrees, internal rotation at 50 degrees, and external rotation at 60 degrees. The injured worker's medications were not provided. The injured worker's treatment plan was for H-wave unit, since benefit has been seen with use in physical therapy. The Request for Authorization form was submitted for review on 08/28/2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

H-wave unit: Upheld

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

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

Decision rationale: The request for H-wave unit is not medically necessary. The injured worker's diagnoses included impingement syndrome of left shoulder. The injured worker has shown improvement with current therapy as noted on 08/22/2014. The California MTUS does not recommend an H-wave unit as an isolated intervention, but does recommend for a one-month home-based trial. 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, and medications, plus transcutaneous electrical nerve stimulation (TENS). The one-month HWT trial may be appropriate to permit the physician and provider licensed to provide physical therapy to study the effects and benefits, and it should be documented (as an adjunct to ongoing treatment modalities within a functional restoration approach) as to how often the unit was used, as well as outcomes in terms of pain relief and function. Trial periods of more than one month should be justified by documentation submitted for review. There is no documentation indicating the injured workers objective functional improvement in conjunction with the ongoing physical therapy. The requesting physician did not provide documentation of an adequate and complete assessment of the injured worker's pain efficacy with the unit. However, the request does not indicate the frequency and application site for the H-wave unit. As such, the request for purchase of an H-Wave unit is not medically necessary.