

Case Number:	CM14-0190672		
Date Assigned:	11/24/2014	Date of Injury:	05/11/2012
Decision Date:	01/20/2015	UR Denial Date:	10/13/2014
Priority:	Standard	Application Received:	11/14/2014

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 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 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 underlying date of injury in this case is 05/11/2012. The date of the utilization review under appeal is 10/13/2014. The patient's diagnosis is status post right shoulder manipulation with anesthesia with superior labral repair on 07/18/2014. On 10/07/2014, a request for authorization requests a purchase of an H-wave device. A form which appears to be largely template-driven states that the patient failed conservative options with physical therapy, medications, and TENS; very limited detail is provided regarding that past treatment. On 10/23/2014, the patient was seen in primary treating physician follow-up regarding lumbar degenerative disc disease as well as shoulder bursa pain and chronic pain syndrome. The patient continued with difficulty reaching and grabbing objects due to shoulder pain. The patient also was continued on Ibuprofen, Gabapentin, and Norco. Recently authorized additional physical therapy sessions were recommended.

IMR ISSUES, DECISIONS AND RATIONALES

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

Home H-Wave System: 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 Page(s): 117.

Decision rationale: The Medical Treatment Utilization Schedule Chronic Pain Medical Treatment Guidelines, section on H-Wave Stimulation, page 117, discusses very specific guidelines for purchase of an H-wave system, including use of such equipment as an adjunct to a program of evidence-based functional restoration and after failure of specifically recommended conservative treatment including recommended physical therapy, medications, and Transcutaneous Electrical Nerve Stimulation (TENS) and also after a 1-month home trial. The medical records at this time are limited and/or largely template-based and do not provide specific information for this particular patient, in terms of how these criteria may have been met. This request is, therefore, not supported by the treatment guidelines and medical records. Overall, the request for Home H-Wave System is not medically necessary.