

Case Number:	CM14-0212714		
Date Assigned:	12/30/2014	Date of Injury:	01/06/2014
Decision Date:	03/27/2015	UR Denial Date:	11/20/2014
Priority:	Standard	Application Received:	12/19/2014

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. 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/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:

State(s) of Licensure: California

Certification(s)/Specialty: Physical Medicine & Rehabilitation

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 39 year old male, who sustained an industrial injury on 1/06/2014. The diagnoses have included right shoulder postoperative pain, adhesive capsulitis of shoulder and rotator cuff sprain/strain. Treatment to date has included physical therapy, TENS unit, medications and home exercise. He is status post shoulder arthroscopy, capsular release and subacromial decompression (4/29/2014). Currently, the IW complains of residual anterior shoulder pain. Objective findings included good right shoulder range of motion. There is mild scapulothoracic glenohumeral dysrhythmia with mild rhomboid tenderness and mild trapezial tenderness and spasm. There is 80-90% passive range of motion with 15-20 degree internal rotation contracture. Rotator cuff testing is 5/5 except supraspinatus isolation is 4+/5 with mild pain with isolation and loading. On 11/20/2014, Utilization Review non-certified a request for a home H wave purchase noting that the clinical information submitted for review fails to meet the evidence based guidelines for the requested service. The MTUS was cited. On 12/18/2014, the injured worker submitted an application for IMR for review of home H wave purchase.

IMR ISSUES, DECISIONS AND RATIONALES

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

Home H-Wave (Purchase): 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 Transcutaneous Electrotherapy, H-Wave Stimulation, pages 115-118; H-Wave: Not recommended as an.

Decision rationale: Submitted reports have not provided specific medication name or what decreasing dose has been made as a result of the H-wave unit trial. There is no change in work status or functional improvement demonstrated to support for the purchase of this unit. The MTUS guidelines recommend a one-month HWT rental trial to 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. The patient has underwent a one month H-wave use without any documented consistent pain relief in terms of decreasing medication dosing and clear specific objective functional improvement in ADLs have not been demonstrated. Per reports from the provider, the patient still exhibited persistent subjective pain complaints and impaired ADLs for this chronic injury. There is no documented failed trial of TENS unit nor any indication the patient is participating in a home exercise program for adjunctive exercise towards a functional restoration approach. The patient's symptom complaints, clinical findings, and functional status have remained unchanged. The Home H-Wave (Purchase) is not medically necessary and appropriate.