

Case Number:	CM14-0214228		
Date Assigned:	01/07/2015	Date of Injury:	02/08/2012
Decision Date:	02/24/2015	UR Denial Date:	12/05/2014
Priority:	Standard	Application Received:	12/22/2014

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: Arizona, California
Certification(s)/Specialty: Family Practice

CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

This 43 year old male was injured on 02/08/2012 while being employed. On Physicians Progress Report dated 11/25/2014 he complained of right shoulder pain. On examination of right shoulder, he was noted to have tenderness on palpation over acromioclavicular joint. A positive Neer Sign and Hawkins test. He was noted to have a decrease in range of motion and pain on movement. Diagnoses were right shoulder impingement syndrome with probable rotator cuff tear and status post arthroscopic subacromial decompression with continued pain and weakness. Injured worker was noted to be temporary total disabled. He had been using amn H-wave system since at least September 2014 with 50% pain reduction. Prior use of a TENS unit did not provide relief. The Utilization Review dated 12/05/2014 non-certified the request for purchase of H wave unit as not being medically necessary. The reviewing physician referred to CA MTUS Guidelines, Chronic Pain Medical Treatment Guidelines for recommendations.

IMR ISSUES, DECISIONS AND RATIONALES

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

Purchase of H-Wave unit: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines H-Wave Stimulation.

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

Decision rationale: According to the guidelines an H-wave unit is not recommended but a one month trial maybe considered for diabetic neuropathic pain and chronic soft tissue inflammation if used with a functional restoration program including therapy, medications and a TENS unit. There is no evidence that H-Wave is more effective as an initial treatment when compared to TENS for analgesic effects. In fact, H-wave is used more often for muscle spasm and acute pain as opposed to neuropathy or radicular pain. In this case the claimant did not have the diagnoses or interventions noted above. Studies do not support its use for shoulder impingement. In addition, rental is recommended over purchase. Therefore the request for a purchase of an H-wave unit is not medically necessary.