

Case Number:	CM14-0215829		
Date Assigned:	01/06/2015	Date of Injury:	08/28/2013
Decision Date:	02/23/2015	UR Denial Date:	12/23/2014
Priority:	Standard	Application Received:	12/24/2014

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: Massachusetts

Certification(s)/Specialty: Physical Medicine & Rehabn, Pain Management

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 is a 32 year old male with a work injury dated 08/28/2013. The mechanism of injury is documented as occurring while lifting a bucket of tomatoes. The injured worker (IW) experienced a sharp pain in his left shoulder which worsened over the next 20 minutes. Initial diagnosis was left arm sprain and left shoulder sprain. At the time of his second medical evaluation he was placed on pain medication and anti-inflammatory medication. X-rays were done and noted by the provider as normal. The IW was referred to physical therapy and placed on modified work duty with one hand only. MRI was done on 09/12/2013 showing signs of impingement without evidence of rotator cuff tear. MRI report is in the submitted documents. The IW completed physical therapy however he stated it did not help much. Other treatments include a Celestone injection in left shoulder and referral to an orthopedist. On 04/23/2014 the IW had a left shoulder arthroscopically assisted subacromial decompression and arthroscopically assisted acromioplasty. He had 25 sessions of post operative physical therapy resulting in decreased pain and increased range of motion. He continued with pain medication, anti-inflammatory medication and home physical therapy. He received a Kenalog injection on 10/09/2014. The IW utilized home H Wave for evaluation purposes from 09/18/2014 to 10/09/2014. The provider notes the IW reported a decrease in the need for oral medication, the ability to perform more activity and greater overall function due to the use of the H Wave device. As documented by the provider the IW had given the following examples of increased function due to H Wave: "Walk farther, more housework, sleep better, more family interaction and able to get dressed with less pain". The IW was using the home H Wave 4 times per day, 7

days per week, 30-45 minutes per session. On 11/25/2014 the provider requested purchase of Home H Wave Device and System to be used two times per day at 30-60 minutes per treatment as needed. On 12/23/2014 utilization review (UR) issued a decision modifying the request to H wave trial times 30 days stating California MTUS, Chronic Pain Guidelines - H wave stimulation is not recommended as an isolated intervention, but a one-month home based trial of H Wave stimulation may be considered as a non-invasive conservative option for 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 TENS. The request was appealed to Independent Medical Review.

IMR ISSUES, DECISIONS AND RATIONALES

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

Home H-Wave Device Purchase: Overturned

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

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

Decision rationale: The claimant is more than one year status post work-related injury and continues to be treated for chronic shoulder pain and underwent a subacromial decompression in April 2014. According to the MTUS Guidelines, although H-wave stimulation is not recommended as an isolated intervention, a one-month home-based trial of may be considered as a noninvasive conservative option for the treatment of chronic pain. H-wave stimulation is a form of electrical stimulation that differs from other forms of electrical stimulation, such as transcutaneous electrical nerve stimulation (TENS), in terms of its waveform. During the trial it should be documented as to how often the unit was used, as well as outcomes in terms of pain relief and function. In this case, the claimant has had a trial of H-wave use with reported decreased pain and medication use and with improved function. Therefore, the requested H-wave unit is medically necessary.