

Case Number:	CM15-0010791		
Date Assigned:	01/30/2015	Date of Injury:	10/15/2013
Decision Date:	03/25/2015	UR Denial Date:	12/17/2014
Priority:	Standard	Application Received:	01/20/2015

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, Hawaii
 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 62 year old female, who sustained an industrial injury on 10/15/2013. The diagnoses have included post left shoulder scope for labral repair/subacromial decompression and low grade lateral epicondylitis left elbow. Treatment to date has included physical therapy, home H-wave, medications and trigger point injections. Magnetic resonance imaging (MRI) of the left shoulder dated 1/21/2014 documented some tendinopathy of the supraspinatus tendon. Currently, the IW complains of persistent pain all around her shoulder down her arm to her elbow. Objective findings included left shoulder arthroscopic stab wounds are healing, range of motion with forward flexion is 100 degrees, abduction 75 degrees and internal rotation 15 degrees. She is almost able to place her left hand behind her head. Left elbow with localized pain over the lateral epicondylar process. Manipulation under anesthesia has been scheduled. On 12/17/2014, Utilization Review non-certified a request for purchase of home H-wave device and system for the left shoulder noting that there is a lack of documentation establishing functional improvement. The MTUS was cited. On 1/20/2015, the injured worker submitted an application for IMR for review of purchase of home H-wave device and system for the left shoulder.

IMR ISSUES, DECISIONS AND RATIONALES

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

Purchase of Home H-wave device and system, left shoulder: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Transcutaneous electrotherapy, H-wave stimulation (HWT) Page(s): 1.

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

Decision rationale: The patient continues to have persistent left shoulder pain. The current request is for the purchase of Home H-Wave device. The MTUS provides the following regarding H-Wave and other electrical stimulation devices. Not recommended as a primary treatment modality, but a one-month trial of H-Wave stimulation may be considered as a noninvasive conservative option, if used as an adjunct to a program of evidence-based functional restoration, for the conditions described below. In this case, the patient has ongoing pain. A one month trial period has been documented with significant benefit in decreased pain by 50% and improved function. The use of oral medication has been reduced. The attending physician has provided medical documentation to necessitate continued use of the H-wave unit. As such, my recommendation is for authorization.