

Case Number:	CM15-0011527		
Date Assigned:	01/30/2015	Date of Injury:	03/20/2014
Decision Date:	03/27/2015	UR Denial Date:	12/22/2014
Priority:	Standard	Application Received:	01/21/2015

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, Arizona

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 44-year-old female who reported an injury on 03/20/2014. The mechanism of injury was repetitive motion. She is diagnosed with status post right shoulder arthroscopy. Her past treatments have included physical therapy, home exercise, use of a TENS unit, and a 1 month trial of H-wave stimulation. The submitted documentation shows that the injured worker utilized a home H-wave unit from 01/07/14 to 12/02/14. Prior to the H-wave trial, it was noted that she had failed medications, physical therapy, and use of a TENS unit for 2 weeks which did not provide adequate relief. The injured worker compliance and outcome report dated 12/02/2014 indicated that use of an H-wave unit decreased her medication use and helped her increase her activities which she specified as being able to lift more and perform more housework. Additionally, the H-wave unit provided 35% pain relief. It was noted that she used the H-wave twice a day, 7 days a week for 30 to 45 minutes. A recommendation was made for the purchase of a home H-wave device and system to be used 2 times per day for 30 to 60 minutes as needed.

IMR ISSUES, DECISIONS AND RATIONALES

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

H-wave unit: 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 Transcutaneous electrotherapy, H-wave stimulation (HWT) Page(s): 117-118.

Decision rationale: According to the California MTUS Guidelines, H-wave stimulation is not recommended as an isolated intervention but may be considered as a noninvasive conservative option when used as an adjunct to a program of evidence based functional restoration and following the failure of physical therapy, medications, and use of a TENS unit. The clinical information submitted for review indicated that the injured worker had failed physical therapy, medications, and use of a TENS unit prior using an H-wave unit for a 1 month trial. Following the 1 month trial, the injured worker indicated that use of the TENS unit had produced 35% pain relief, increased function, and decreased medication use. Therefore, the purchase of a unit was recommended. However, the request as submitted did not indicate whether the H-wave unit was being recommended for purchase or additional rental. Additionally, the documentation did not indicate that she would be participating in a program of evidence based functional restoration as an adjunct to H-wave stimulation therapy as there was no indication that she was advised to continue a home exercise program or physical therapy treatment. For these reasons, the request is not medically necessary.