MAXIMUS Federal Services

Case Number:	CM15-0112384		
Date Assigned:	06/18/2015	Date of Injury:	03/27/2014
Decision Date:	07/21/2015	UR Denial Date:	05/28/2015
Priority:	Standard	Application Received:	06/10/2015

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
Certification(s)/Specialty: Preventive Medicine, Occupational Medicine

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 44-year-old female sustained an industrial injury to the right shoulder on 7/27/14. Magnetic resonance imaging right shoulder (8/29/14) showed a partial thickness rotator cuff tear with impingement and subacromial bursitis. The injured worker underwent right shoulder arthroscopy with subacromial decompression on 4/10/15. The injured worker received post- operative physical therapy and a postoperative cold therapy unit. In a PR-2 dated 3/19/15, the injured worker complained of ongoing shoulder pain with chronic soft tissue inflammation. The injured worker had trialed other forms of conservative treatment including physical therapy, meds and transcutaneous electrical nerve stimulator unit. The injured worker stated that she obtained relief from the H-wave device both in the clinic and at home. Current diagnoses included shoulder sprain/strain and shoulder joint pain. The physician noted that the injured worker had a history of celiac disease and was allergic to multiple pain medications and needed to use alternative techniques for pain control. The treatment plan included the purchase of an H- wave unit for the right 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 for right shoulder: 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 H-wave Stimulation (HWT) Section Page(s): 117-118.

Decision rationale: The MTUS Guidelines do not recommend the use of H-wave stimulation as an isolated intervention. A one-month home-based trial of H-wave stimulation may be considered as a noninvasive 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 physical therapy and medications, plus transcutaneous electrical nerve stimulation. The injured worker has previously used the H-Wave device and reported a 20% reduction in pain. There is no evidence that the injured worker has attempted the use of a TENS unit. Given the minimal efficacy of the previous treatment with H-Wave stimulation, the request for purchase of Home H-Wave Device for right shoulder is not medically necessary.