

Case Number:	CM15-0073416		
Date Assigned:	04/23/2015	Date of Injury:	02/15/2011
Decision Date:	05/20/2015	UR Denial Date:	04/03/2015
Priority:	Standard	Application Received:	04/17/2015

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: North Carolina

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:

The injured worker is a 60-year-old male, who sustained an industrial injury on 02/15/2011. According to a progress report dated 03/03/2015, the injured worker complained of right posterior shoulder, right trapezius and mid scapular pain with numbness down the right arm to the hand, rated 2-4 on a scale of 1-10 with medication and 5-10 without medication. Current medications included Cyclobenzaprine, Bystolic, Chlorthalidone, Hydrochlorothiazide, Klorcon, Lasix and Lisinopril. The injured worker was utilizing a Home H-Wave unit on a daily basis and noted improvement in her symptoms. She utilized Norco very rarely, when her symptoms were severe. She took Tylenol more regularly. Diagnoses included status post right shoulder arthroscopy with distal clavicle resection, possible right cervical radiculopathy with triceps and brachioradialis weakness, hypertension non-industrial, right AC joint arthritis, recurrent right shoulder impingement syndrome, status post right shoulder arthroscopy, postoperative arthrofibrosis right shoulder and C4-5 and C5-6 facet arthropathy. Recommendations included physiotherapy, acupuncture and random urine toxicology. The injured worker was temporarily partially disabled. She remained on modified duty. On 03/23/2015, the provider requested authorization for purchase of a Home H-Wave Device and System. Currently under review is request for a Home H-wave device.

IMR ISSUES, DECISIONS AND RATIONALES

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

Home H-wave Device: Overturned

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

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

Decision rationale: The California MTUS section on H-wave therapy states: Not recommended as an isolated intervention, but a one-month home-based trial of HWave stimulation may be considered as a noninvasive conservative option for diabetic neuropathic pain (Julka, 1998) (Kumar, 1997) (Kumar, 1998), or 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 (i.e., exercise) and medications, plus transcutaneous electrical nerve stimulation (TENS). The patient has a reported a significant reduction in pain and an increase in functional activity after using the H wave device daily for a 30 day trial period. All criteria as outlined above have been met. With the objective measures of improvement in pain and function, the request is medically necessary.