

Case Number:	CM15-0074328		
Date Assigned:	04/24/2015	Date of Injury:	03/25/2011
Decision Date:	05/28/2015	UR Denial Date:	04/17/2015
Priority:	Standard	Application Received:	04/20/2015

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: Connecticut, California, Virginia
 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:

The injured worker (IW) is a 69 year old female who sustained an industrial injury on 03/25/2011. She reported back pain, pain in the right side of the neck, and pain in the right shoulder. The IW's diagnoses include: brachial plexus lesions; primary localized osteoarthritis, shoulder region; pain in joint, shoulder region; other specified disorders of the rotator cuff syndrome, shoulder. Treatment to date has included multiple shoulder surgeries including, most recently, a closed manipulation and arthroscopic debridement of the right shoulder followed by physical therapy. Currently, the injured worker complains of pain in the right shoulder and some restriction in movement. Continued physical therapy and purchase of an H-Wave therapy unit for home use is included in the treatment plan.

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 Unit: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG).

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

Decision rationale: H-Wave stimulation is not recommended by the MTUS guidelines as an isolated intervention, but a one-month home-based trial of H-Wave stimulation may be considered as a noninvasive conservative option for diabetic-neuropathic pain 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 (exercise) and medications, plus transcutaneous electrical nerve stimulation (TENS). There are no clear outcomes measures with respect to functional improvement provided and it cannot be assumed the patient has failed physical therapy at this time. Without further details to support the request for H-wave purchase, given the overall lack of quality evidence for the modality and therefore stringent need for detailed reasoning for the request on a case-by-case basis, the request is not considered medically necessary at this time.