

Case Number:	CM15-0074567		
Date Assigned:	04/24/2015	Date of Injury:	06/17/2013
Decision Date:	05/27/2015	UR Denial Date:	03/16/2015
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: California, 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 (IW) is a 52 year old male who sustained an industrial injury on 06/17/2013. He reported shoulder pain. The injured worker was diagnosed as having shoulder impingement and osteoarthritis. Treatment to date has included oral medication, use of a transcutaneous electrical nerve stimulation (TENS) unit, and physical therapy. Currently, the injured worker complains of pain and exhibits impaired activities of daily living. The treatment plan includes use of Home H-wave device for two times per day at 30 to 60 minutes per treatment with the intent of reducing and or eliminating pain and reducing or preventing the need for oral medications thus improving functional capacity and activities of daily living.

IMR ISSUES, DECISIONS AND RATIONALES

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

Home H-wave device purchase: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines H-wave Stimulation.

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

Decision rationale: H-wave stimulation is not recommended 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. This claimant had a trial of an H-wave unit with noted benefit. However there is no indication that there is a measurable reduction in medication dosage, quantity and frequency of pain medication following the use of the H-wave unit. pain scores are not reported to show sustained benefit and there is limited evidence to show that there has been a change in work status as a result of the H-wave device. Therefore at this time the request is deemed not medically necessary.