

Case Number:	CM15-0076960		
Date Assigned:	04/28/2015	Date of Injury:	07/16/2013
Decision Date:	05/26/2015	UR Denial Date:	03/23/2015
Priority:	Standard	Application Received:	04/22/2015

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: Arizona, California
 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 57 year old male who sustained an industrial injury on 07/16/2013. He injured his left shoulder and neck when he was hit on the head and neck and the left side of his upper body. The injured worker was diagnosed as having bilateral shoulder rotator cuff tear status post repair; chronic cervical sprain/strain; chronic lumbar sprain/strain with history of lumbar disc injury; and left lower extremity radicular pain. Treatment to date has included physical therapy to the right shoulder, status post cuff repair (11/18/2013), with interval slide; and repair of left rotator cuff tear (09/2014). Currently, in the records of 03/17/2015 and 04/01/2015, the injured worker complains of pain in the neck, right shoulder, lower back and left lower extremity. There is no documentation found in the medical records submitted regarding the use or purchase of 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:

One (1) purchase of Home H-wave device: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines H-Wave Stimulation (HWT) Page(s): 117-118.

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

Decision rationale: According to the guidelines an H-wave unit is not recommended but a one month trial maybe considered for diabetic neuropathic pain and chronic soft tissue inflammation if used with a functional restoration program including therapy, medications and a TENS unit. There is no evidence that H-Wave is more effective as an initial treatment when compared to TENS for analgesic effects. In fact, H-wave is used more often for muscle spasm and acute pain as opposed to neuropathy or radicular pain. In this case the claimant did not have the diagnoses noted above. Although, the claimant did benefit from an H-wave and reduced oral medications, there is no indication for indefinite use. There was no mention of a TENs trila or adjunctive use. Therefore the request for purchase of an H-wave unit is not medically necessary.