

Case Number:	CM14-0140112		
Date Assigned:	09/08/2014	Date of Injury:	03/10/2003
Decision Date:	10/06/2014	UR Denial Date:	08/19/2014
Priority:	Standard	Application Received:	08/29/2014

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. The expert reviewer is Board Certified in Preventative Medicine, has a subspecialty in Occupational Medicine and is licensed to practice in Iowa. 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/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

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 patient is a 51 year old employee with date of injury of 3/10/2003. Medical records indicate the patient is undergoing treatment for right shoulder rotator cuff tendinitis. Subjective complaints include claimant rates her pain that the lateral and posterior left shoulder as a 1-2/10 and increased to 4-5/10 with long distance driving. During therapy she has difficulty moving the left upper extremity into forward flexion and internal rotation. Objective findings include her shoulder strength which is graded at 4/5 with functional motion. She has minimal pain on the right with external rotation. Her Kennedy, Neer's and Hawkins tests were all positive on the right. She has improved steadily with treatment. She does continue to have localized pain and tenderness at the supraspinatus tendon and minimal pain with external rotation manual test. Treatment has consisted of physical therapy, home exercise program, hot packs, ultrasound/phonophoresis and electrical stimulation. The utilization review determination was rendered on 8/19/2014 recommending non-certification of a for H-Wave device purchase for indefinite use.

IMR ISSUES, DECISIONS AND RATIONALES

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

H-Wave device purchase for indefinite use: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines.

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

Decision rationale: Per MTUS Chronic Pain Medical Treatment Guidelines, H-wave stimulation (HWT) 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, and only following failure of initially recommended conservative care, including recommended physical therapy and medications, plus transcutaneous electrical nerve stimulation (TENS). The one-month HWT trial may be appropriate to permit the physician and provider licensed to provide physical therapy to study the effects and benefits, and it should be documented (as an adjunct to ongoing treatment modalities within a functional restoration approach) as to how often the unit was used, as well as outcomes in terms of pain relief and function. Rental would be preferred over purchase during this trial. Trial periods of more than one month should be justified by documentation submitted for review. The treating physician did not provide evidence of a clinical trial of an H-Wave unit with a decrease in pain, and an improvement in functioning to support the purchase of an H-Wave Unit. In the absence of objective evidence of functional benefit, MTUS does not support the purchase of an H-Wave device. As such, the request for H-Wave device purchase for indefinite use is not medically necessary.