

Case Number:	CM14-0142954		
Date Assigned:	09/10/2014	Date of Injury:	07/27/2013
Decision Date:	10/15/2014	UR Denial Date:	08/26/2014
Priority:	Standard	Application Received:	09/03/2014

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 Physical Medicine and Rehabilitation and is licensed to practice in Texas. 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:

The patient is a 52 year old female who sustained an industrial injury on 7/27/2013. She injured the right shoulder from a fall at work. She underwent right shoulder surgery on 4/11/2014. An H-wave Patient Delivery Evaluation form dated 6/19/2014 indicates pain level pre H-wave treatment is 5/10 and post H-wave treatment 2/10. She is taking pain and anti-inflammatory medications. She is not working. According to an H-Wave Patient compliance and outcome report dated 7/10/2014, the patient has had the device for 21 days. She indicates H-wave helped more than physical therapy and that it allowed her to decrease medication and walk farther. Pain level before use of H-Wave is 8/10 and 10% improvement with device. The 7/23/2014 PT progress report documents 24 visits, 4+/5 to 5/5 motor strength of the right shoulder, active/passive ROM of 160/170 flexion, 155/165 abduction, 65/75 ER, and 60/70 IR. According to the H-Wave Patient compliance and outcome report dated 7/30/2014, the patient has had the device for 41 days. Other treatments include TENS unit, physical therapy, and medications. Finished PT on 7/21/2014, had 26 sessions, and is now doing HEP. She had shoulder surgery on 4/11/2014, then PT and medications. She was taking Norco, but stopped last week because caused nausea and vomiting. Now taking aspirin for pain relief. The 8/26/2014 progress report indicates the patient is 4 months s/p capsular release, ASD and Mumford. She has no complaints. Objective exam documents full ROM, 4/5 strength, neurovascularly intact and negative for TTP. Assessment is doing well. Plan is P&S and release to full duty on 8/28/2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

Home H-Wave Device quantity: 1.00: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM.

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

Decision rationale: According to the CA MTUS guidelines, H-Wave 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 to respond to conventional therapy, including physical therapy, medications, and TENS. The medical records do not establish this patient was unresponsive to postoperative conventional therapy including physical therapy, medications and TENS. The patient does not have diabetic neuropathic pain or chronic soft tissue inflammation. In addition, although the patient had use of an H-wave in the months after her right shoulder surgery, she was clearly progressing with standard postoperative care and conventional therapies. Consequently, a home H-wave device is not medically necessary.