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| Case Number: | CM13-0007734 | | |
| Date Assigned: | 10/11/2013 | Date of Injury: | 09/28/2004 |
| Decision Date: | 05/08/2014 | UR Denial Date: | 07/09/2013 |
| Priority: | Standard | Application Received: | 08/05/2013 |

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 Family Medicine and is licensed to practice in Arizona. 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 50-year-old female with a date of injury on 9/29/2004. Diagnoses include chronic neck and shoulder pain, cervical strain with regional myofascial pain syndrome, and right rotator cuff tendinitis with superior labrum anterior and posterior (SLAP) tear. Subjective complaints are of persistent cervical and right shoulder pain. Physical exam shows an unchanged exam of the cervical spine and right shoulder that includes cervical decreased range of motion, with negative Spurling's sign. The right shoulder shows impingement signs are positive, strength in arms is 5/5, equal reflexes, and decreased sensation to right arm, and multiple myofascial trigger points through neck and shoulder girdle. Previous electrodiagnostic studies did not demonstrate any evidence of right upper extremity radiculopathy. Cervical MRI showed small herniation at C5-C6. Medications include Vicodin, Soma, and Norgesic forte. Previous treatments include physical therapy, acupuncture, chiropractic treatments, cervical injections, and activity restrictions. Submitted documentation also shows that patient has had a home trial of transcutaneous electric nerve stimulation (TENS).

IMR ISSUES, DECISIONS AND RATIONALES

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

AN H-WAVE SYSTEM FOR THE CERVICAL SPINE AND RIGHT SHOULDER (30 DAY TRIAL): Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines
Transcutaneous Electrotherapy Page(s): 117.

Decision rationale: CA MTUS suggests H-wave therapy 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. H-wave should be used only following failure of initially recommended conservative care, including recommended physical therapy and medications, plus transcutaneous electrical nerve stimulation (TENS). For this patient, there is evidence of a prior trial of TENS, and failure of physical therapy and medications. Guidelines clearly indicate a consideration for H-Wave only if the above criteria have been met. Therefore proceeding with H-Wave therapy is supported by guidelines, and is medically necessary.