

Case Number:	CM13-0008799		
Date Assigned:	03/19/2014	Date of Injury:	11/02/2010
Decision Date:	04/30/2014	UR Denial Date:	07/18/2013
Priority:	Standard	Application Received:	08/09/2013

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 Occupational Medicine and is licensed to practice in California. 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:

According to the records made available for review, this is a 59-year-old male with an 11/2/10 date of injury. At the time (7/16/13) of request for authorization for purchase of H-wave device (homecare system) for the left shoulder, there is documentation of subjective (neck, low back, and left shoulder pain, stiffness, weakness, and generalized discomfort) and objective (reduced range of motion in the cervical and lumbosacral spines and the shoulders bilaterally in all planes to 80% of normal with positive drop tests bilaterally, tender painful bilateral cervical and lumbosacral spine paraspinal muscular spasms present, and reduced strength in the distribution of the bilateral suprascapular nerves) findings, current diagnoses (cervical spine disc syndrome with strain/sprain disorder and cervicalgia, lumbosacral spine disc syndrome with bilaterally suprascapular neuropathy, and chronic pain syndrome), and treatment to date (medications, physical therapy, and home exercise program). There is no documentation of chronic soft tissue inflammation, use as an adjunct to a program of evidence-based functional restoration, and failure of additional initially recommended conservative care, including transcutaneous electrical nerve stimulation (TENS).

IMR ISSUES, DECISIONS AND RATIONALES

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

PURCHASE OF H-WAVE DEVICE (HOMECARE SYSTEM) FOR THE LEFT SHOULDER: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Low Back Complaints Page(s): 117-118.

Decision rationale: MTUS Chronic Pain Medical Treatment Guidelines identifies that a one-month home-based trial of H-Wave stimulation may be considered as a noninvasive conservative option for chronic soft tissue inflammation 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 (i.e., exercise) and medications, plus transcutaneous electrical nerve stimulation (TENS). In addition, MTUS Chronic Pain Medical Treatment Guidelines identifies that the effects and benefits of the one month trial 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. Within the medical information available for review, there is documentation of diagnoses of cervical spine disc syndrome with strain/sprain disorder and cervicalgia, lumbosacral spine disc syndrome with bilaterally suprascapular neuropathy, and chronic pain syndrome. In addition, there is documentation of failure of initially recommended conservative care, including recommended physical therapy (exercise) and medications. However, there is no documentation of chronic soft tissue inflammation, use as an adjunct to a program of evidence-based functional restoration, and failure of additional initially recommended conservative care, including transcutaneous electrical nerve stimulation (TENS). Therefore, based on guidelines and a review of the evidence, the request for purchase of H-wave device (homecare system) for the left shoulder is not medically necessary.