

Case Number:	CM13-0011750		
Date Assigned:	11/27/2013	Date of Injury:	09/18/2009
Decision Date:	01/17/2014	UR Denial Date:	07/15/2013
Priority:	Standard	Application Received:	08/16/2013

HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to a physician reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The physician reviewer is Board Certified in Physical Medicine and Rehabilitation and is licensed to practice in Texas and New York. 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 physician 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 57-year-old female who reported an injury on 03/24/2012. The patient is currently diagnosed with C5-6 and C6-7 disc degeneration, left cervical radiculopathy, and left shoulder impingement. The patient was recently evaluated by [REDACTED] on 09/25/2013. The patient reported daily, constant neck pain with radiation to bilateral shoulders, as well as right shoulder pain. Physical examination was not provided. Treatment recommendations included a cervical epidural steroid injection. A previous physical examination was documented on 07/03/2013 by [REDACTED]. The patient demonstrated no evidence of tenderness or spasm of the paracervical muscles or spinous process, diminished range of motion, decreased sensation at the left C6 dermatome, positive Spurling's maneuver on the left, 5/5 motor strength of bilateral upper extremities with 2+ reflexes, positive compression testing, diminished range of motion of bilateral shoulders, negative Neer and Hawkins testing, negative drop arm testing, and negative apprehension testing.

IMR ISSUES, DECISIONS AND RATIONALES

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

Home health H-wave device: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation OFFICIAL DISABILITIES GUIDELINES

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

Decision rationale: California MTUS Guidelines state H-wave stimulation is not recommended as an isolated intervention, but a 1 month home-based trial of H-wave stimulation may be considered as a noninvasive conservative option for diabetic neuropathic pain, 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. As per the clinical notes submitted, the patient's latest physical examination only revealed decreased range of motion, decreased sensation, and positive Spurling's and compression testing. There was no evidence of chronic soft tissue inflammation. There is also no evidence of this patient's failure to respond to previous conservative treatment. It is also unclear whether the requested H-Wave device would be used as an adjunct to a program of functional restoration. Based on the clinical information received, the request is non-certified.