

Case Number:	CM13-0017842		
Date Assigned:	02/14/2014	Date of Injury:	10/14/2010
Decision Date:	04/15/2014	UR Denial Date:	08/15/2013
Priority:	Standard	Application Received:	08/28/2013

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 Orthopedic Surgery, 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:

The patient is a 43-year-old individual with a date of injury of October 14, 2010. The mechanism of injury was a heavy bin falling onto the claimant. Subjective complaints include pain in the right shoulder, neck, upper back, and lower back. Diagnoses include cervical spine, thoracic spine, and lumbar spine sprain/strain. An MRI of the right shoulder dated August 9, 2012 demonstrated AC joint arthritis with no evidence of bursitis or synovitis. Cervical spine x-rays dated September 18, 2012 showed no evidence of instability on flexion or extension and no degenerative changes noted, concluding a normal study. EMG and NCS from July 2012 demonstrated no evidence of right or left carpal tunnel syndrome, cervical radiculopathy, or peripheral neuropathy. In March 2013, physical therapy, orthopedic consultation, and ultrasound guided cortisone injection into the right shoulder was recommended by the primary treatment physician. An initial physical therapy evaluation dated March 26, 2013 indicated a current pain level of 8/10 and right shoulder pain in the posterior scalp/shoulder. Range of motion is restricted and moderate muscle guarding is reported. Weakness is noted in all planes of testing and grip strength on the left is 60, compared to 20 on the right. A subsequent progress note dated April 1, 2013 documents improvement in pain and positive response to H-wave. The claimant underwent an orthopedic evaluation for the right shoulder on April 15, 2013. Ultrasound guided cortisone injection was authorized and provided. Follow-up progress notes by the primary treating physician from March to May are essentially unchanged, noting minimal improvement after initiation of physical therapy and cortisone, H-wave, and orthopedic consultation. Post-injection physical therapy was authorized. A physical therapy progress note on May 14, 2013 indicates no change in the shoulder pain following the recent injection in the right shoulder. Range of motion continues to be significantly restricted with no significant change compared to an April 10, 2013 examination. Grip strength on the left at 65 and grip strength on the right is 35. Motor weakness

is noted in all planes and unchanged from the prior visit. Subjective documentation is provided by the client, accompanying the request for the trial of the H-wave unit, indicating that the claimant has completed a clinical trial of TENS unit. On May 23, 2013, a request is made for 30 day trial for an H-wave unit. Ongoing follow-up with the primary treating physician on June 3, 2013 continues to demonstrate no significant change. On June 4, 2013 a physician peer review notes certification for a 30 day trial for an H-wave system for the shoulder. Subsequent physical therapy notes in June 2013 evidence an increase in range of motion and grip strength with significant ongoing deficits and an inability to meet therapeutic goals despite compliance. Follow-up orthopedic evaluation dated June 19, 2013 indicates a diagnosis of right shoulder impingement, right AC joint arthrosis, and muscle spasms. Treatment recommendations are for continuation of the formal home exercise program and if no significant improvement is noted in six weeks, arthroscopic surgery will be recommended. In July 2013 acupuncture was authorized for the right shoulder and right parascapular region. A request for purchase of an H wave unit is made on August 12, 2013. A patient compliance and outcome report is provided for review in support of the claimant's response to the 30 day trial of H-wave use. This report indicates that the claimant used the H-wave unit for 157 days for the shoulder. Other treatments utilized prior to home H-wave unit were physical therapy and medications. The report indicates that the claimant was taking medications and has been able to decrease or eliminate the amount of medication taken. Additionally, the report indicates the claimant was able to increase daily activities, noting better sleep, and more family interact

IMR ISSUES, DECISIONS AND RATIONALES

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

H-WAVE PURCHASE: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

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

Decision rationale: California MTUS guidelines support consideration of H-wave unit only after failure to respond to initially recommended conservative interventions including physical therapy, pharmacotherapy, and transcutaneous electrical nerve stimulation (TENS). There is conflicting data in the record provided relative to the claimant's use of the TENS unit. The prior request for the H-wave trial was recommended for certification because documentation was noted that a clinical trial of a TENS unit had been provided. A review of the medical documentation provides no support that this therapy was provided. The request for purchase of the H-wave unit does not indicate that a TENS unit was provided prior to consideration. When noting that there is no Final Determination Letter for IMR Case Number [REDACTED] difference in the outcomes of TENS versus H-wave units, then a clinical indication for the purchase of an H-wave unit would not exist at this time. The request for the purchase of an H-wave unit is noncertified.