

Case Number:	CM13-0034347		
Date Assigned:	12/06/2013	Date of Injury:	01/28/2013
Decision Date:	01/13/2014	UR Denial Date:	09/30/2013
Priority:	Standard	Application Received:	10/15/2013

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 Anesthesiology, has a subspecialty in Pain Management, and is licensed to practice in Florida and 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 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 injured worker reported an injury on 01/28/2013. The subjective complaints include cervical spine and right shoulder pain. Objective findings include mild right lower muscle spasm of the cervical spine, tenderness to palpation of the cervical spine, decreased range of motion of the cervical spine, tenderness of the parascapular and trapezius muscles of the right shoulder, no soft tissue swelling of the right shoulder, tenderness over the anterior rotator cuff, mild AC joint and bicipital tenderness, positive impingement and grind signs, normal strength of the shoulder, and normal range of motion of the shoulder. The diagnoses include cervicothoracic spine strain, right cervical radiculopathy, cervical disc protrusion at C6-7 and T1-2, and right rotator cuff tendinitis and impingement syndrome with partial thickness rotator cuff tear.

IMR ISSUES, DECISIONS AND RATIONALES

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

Purchase of a home H-Wave Device E1399 (through Cyprus Care 800-419-7191) between 9/18/13 and 12/17/13: 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 Transcutaneous electrotherapy: H-Wave stimulation (HWT). Page(s): 117-118.

Decision rationale: According to California MTUS Guidelines, H-wave stimulation is not recommended as an isolated intervention, but a one-month home based trial may be considered as a non-invasive 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 of initially recommended conservative care, including recommended physical therapy and medications, plus a TENS unit. The medical records provided for review did include documentation that stated that the patient had not previously responded to conservative care including therapy, exercise, medications, corticosteroid injections, and a TENS unit. However, the patient does not have documentation of diagnoses of diabetic neuropathic pain or chronic soft tissue inflammation; additionally, the findings at her most recent visit stated that there was no soft tissue swelling. Moreover, it is not documented that the patient will be using the H-wave stimulation as an adjunct to a program of evidenced based functional restoration such as physical therapy. With the absence of this required documentation, the request is not supported; therefore, the request is non-certified.