

Case Number:	CM13-0037654		
Date Assigned:	04/25/2014	Date of Injury:	07/03/2009
Decision Date:	12/10/2014	UR Denial Date:	10/01/2013
Priority:	Standard	Application Received:	10/24/2013

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 Physical Medicine & Rehabilitation, has a subspecialty in Pain & Spinal Cord Medicine and is licensed to practice in Massachusetts. 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 claimant has a history of a work injury occurring on 07/03/09 when, while working on an assembly line, she was lifting large canisters over shoulder level and had right shoulder pain. She also developed left shoulder pain and bilateral numbness and paresthesias of the hands. On 12/16/13 the claimant underwent right shoulder surgery. She continues to be treated for chronic bilateral shoulder pain and bilateral carpal tunnel syndrome. There is documentation of a trial H-wave use. The trial was started on 08/22/13. After eight days the claimant reported improved sleep and decreased medication use with an overall 40% decrease in symptoms. She was using the unit two times per day. Prior treatments had included physical therapy, medications, and TENS. Authorization for three months of H-wave use was requested on 09/11/13. Diagnoses were shoulder arthritis and bicipital tenosynovitis. She was seen on 10/03/13. She had a worsening of symptoms. She was having pain, paresthesias, numbness, and tingling of both hands. She was not working. Physical examination findings included positive Phalen's testing. Additional testing was recommended. As of 12/31/13 she continued to have improvement with H-wave use. She now had a 60% decrease in pain. She was sleeping better and interacting more with her family.

IMR ISSUES, DECISIONS AND RATIONALES

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

HOME H-WAVE DEVICE X3 MONTHS RENTAL: Overturned

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines H-wave stimulation (HWT) Page(s): 117.

Decision rationale: The claimant is more than 5 years status post work-related injury and continues to be treated for chronic bilateral shoulder pain and bilateral carpal tunnel syndrome. Although H-wave stimulation is not recommended as an isolated intervention, a one-month home-based trial of may be considered as a noninvasive conservative option for the treatment of chronic pain. H-wave stimulation is a form of electrical stimulation that differs from other forms of electrical stimulation, such as transcutaneous electrical nerve stimulation (TENS), in terms of its waveform. During the trial it should be documented as to how often the unit was used, as well as outcomes in terms of pain relief and function. In this case, the claimant has had a trial of H-wave use with reported decreased pain and medication use and with improved sleep. Therefore, the requested H-wave unit is medically necessary.