

Case Number:	CM13-0043991		
Date Assigned:	12/27/2013	Date of Injury:	03/22/2013
Decision Date:	04/24/2014	UR Denial Date:	10/12/2013
Priority:	Standard	Application Received:	10/31/2013

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 and Rehabilitation, and is licensed to practice in Texas. 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 41-year-old female who had reported a date of injury of 03/22/2013, mechanism of injury reported as multiple work related injuries including continuous trauma injury from 03/16/1995 to 07/15/1998. Review of medical records dated 05/06/2013 signed by [REDACTED] stated the patient presented to the office on 04/29/2013 with complaints of bilateral shoulder pain, right upper quadrant pain with numbness and tingling, neck pain, back pain, tailbone, and left hip pain, stemming from multiple work related injuries. X-ray of the lumbar spine dated 03/29/2013 interpreted by [REDACTED] impression was normal lumbosacral spine. Radiographs of the sacrum dated 03/29/2013 impression normal exam. Discharge summary report dated 03/29/2013 from [REDACTED], no new orders. Clinical exam dated 11/22/2013 the patient complained of left and right shoulder pain. The patient complained the frequency at night keeps her awake. The patient complained of dropping things from her hands when trying to grab stuff and pick it up. Medications listed naproxen sodium 550 mg 1 by mouth twice a day, Norco 2.5 mg by mouth every night, Anaprox twice a day, Synthroid 75 mcg by mouth every AM. Exam noted decreased right side spasm; need to continue with H-wave. No documentation provided for conservative care, previous surgical history, therapies, and diagnostic studies.

IMR ISSUES, DECISIONS AND RATIONALES

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

HOME H-WAVE DEVICE BETWEEN 10/3/2013 AND 12/9/2013: 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 H-WAVE Page(s): 117-118.

Decision rationale: The California MTUS Guidelines state 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 neuropathy 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 medication, plus transcutaneous electrical nerve stimulation the TENS unit. The guidelines state there is no evidence that the H-wave is more effective as an initial treatment when compared to TENS for analgesic effects. Per the guidelines, H-wave is used more often for muscle spasm and acute pain as opposed to neuropathy or radicular pain, since there is anecdotal evidence that H-wave stimulation helps to relax the muscles, but there are no published studies to support this, so it is not recommended at this time. The documentation provided did not provide documentation on conservative care with a TENS unit. Therefore, the request for the H-wave unit does not meet the guidelines set by the California MTUS. Therefore, the request is non-certified.