

Case Number:	CM13-0044879		
Date Assigned:	06/09/2014	Date of Injury:	10/05/2011
Decision Date:	07/31/2014	UR Denial Date:	09/26/2013
Priority:	Standard	Application Received:	10/29/2013

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 Anesthesiology, has a subspecialty in Pain Medicine and is licensed to practice in Florida. 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 injured worker is a 50-year-old male who reported an injury on 10/05/2011. The mechanism of injury was not provided for clinical review. The diagnosis included bilateral shoulder impingement with rotator cuff tendinitis, disc herniation at C5-6 and C6-7, lateral epicondylitis of the right elbow, and musculoligamentous injury of the bilateral shoulders. Previous treatments include epidural steroid injection, H-wave, and medications. The clinical note dated 07/09/2013 reported the injured worker complained of bilateral shoulder pain and stiffness that was constant. She rated his pain 7/10 to 8/10 in severity of the shoulders. He rated his neck pain 8/10 to 9/10 in severity and constant. The injured worker complained of severe neck spasms which travel to his shoulders and down the posterior aspect of his arm bilaterally. On the physical examination, the provider noted his cervical spine revealed severe tenderness with spasms in the paraspinous musculature of the cervical spine bilaterally with painful and decreased range of motion. Forward flexion was at 40 degrees and extension at 18 degrees. The injured worker had a positive Spurling's test. The provider requested for the continuation of the H-wave unit. However, a rationale was not provided for clinical review. The request for authorization was provided and submitted on 08/14/2013.

IMR ISSUES, DECISIONS AND RATIONALES

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

Other Dme: H-Wave Device Purchase For Left Shoulder, Forearm, Elbow Wrist And Fingers: 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 stimulation (HWT) Page(s): 117.

Decision rationale: The request for other DME: H-wave device purchase for left shoulder, forearm, elbow, wrist, and fingers is non-certified. The injured worker complained of bilateral shoulder pain and stiffness which was constant. He rated his pain 7/10 to 8/10. The injured worker complained of neck pain which was constant. He rated his pain 8/10 to 9/10 in severity. The injured worker complained of low back pain which radiated to his buttocks bilaterally. He complained of severe neck spasms which radiated to his shoulders down the posterior aspect of his arms bilaterally. The California MTUS Guidelines do not recommend the H-wave as an isolated intervention. It may be considered a noninvasive conservative option for diabetic neuropathy, or chronic soft tissue inflammation if used as an adjunct to a program of evidence-based functional restoration, and only following the failure of initially recommended conservative care, including recommended physical therapy and medications, plus transcutaneous electrical nerve stimulation. In recent retrospective studies suggestive effectiveness of the H-wave device, the patient's selection criteria included the physician documented diagnosis of chronic soft tissue injury or neuropathic pain in the upper and lower extremity of the spine that was unresponsive to conventional therapy, including physical therapy and medication and TENS unit. There is a lack of documentation indicating the injured worker was tried and failed on conservative care including physical therapy, medications, and transcutaneous electrical nerve stimulation. There is a lack of documentation indicating the diagnosis of chronic soft tissue injury. The clinical documentation submitted indicated the injured worker has been utilizing the H-wave unit. However, there is a lack of documentation indicating the efficacy of the H-wave's previous treatments. Therefore, the request for other DME H-wave device purchase for left shoulder, forearm, elbow, wrist, and fingers is not medically necessary.