

Case Number:	CM13-0045607		
Date Assigned:	12/27/2013	Date of Injury:	02/28/2012
Decision Date:	08/19/2014	UR Denial Date:	10/30/2013
Priority:	Standard	Application Received:	11/12/2013

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 Illinois. 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 61-year-old male who reported an injury on 02/28/2012; the mechanism of injury was not provided within the submitted medical records. Within the clinical visit on 07/07/2014, it was noted that the injured worker complained of neck pain with associated arm pain. It was also noted that the injured worker's symptoms were improving with continuation of physical therapy. The physical exam of the cervical spine revealed tenderness over the paracervicals and trapezius muscles with active range of motion having pain elicited at the extremes. Motor strength in the upper extremities was rated at 5/5 with no impairment. It was also noted in the neurological exam, no abnormal findings with all orthopedic testing reported as negative. The injured worker's listed diagnoses include CRPS type 2 of the upper limb bilaterally, degeneration of cervical intervertebral discs, spinal stenosis in the cervical region, brachial neuritis, and brachial radiculitis. The request for authorization was not provided within the submitted medical records.

IMR ISSUES, DECISIONS AND RATIONALES

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

H-WAVE UNIT AND SUPPLIES (RENTAL OR PURCHASE): 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): 117-118.

Decision rationale: The California MTUS Guidelines state that H-Wave stimulation is 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 neuropathic pain or chronic soft tissue inflammation if used in 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 transcutaneous electrical nerve stimulation. Additionally, the Guidelines state that a 1 month H-Wave therapy trial may be appropriate to permit the physician or provider license to provide physical therapy to study the effects and benefits, and it should be documented (as an adjunct to ongoing treatment modalities within a functional restoration) as to how often the unit was used, as well as outcomes in terms of pain relief and function. Lastly, the Guidelines state a rental would be preferred over a purchase during the trial. Within the submitted documentation, it was shown that the patient had been denied further physical therapy with no documentation to show that the patient would be continuing in a home exercise program or other physical modalities. It was also not documented that the patient had previous failure of physical therapy as evidenced through physical exam of very limited functional deficits and that there was a previous trial of a TENS unit and that had failed as well. Without further documentation and/or medical records to address the aforementioned deficiencies within the review, the request at this time cannot be supported by the Guidelines. As such, the request is not medically necessary and appropriate.