

Case Number:	CM13-0049630		
Date Assigned:	12/27/2013	Date of Injury:	10/19/2009
Decision Date:	02/28/2014	UR Denial Date:	10/30/2013
Priority:	Standard	Application Received:	11/08/2013

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 Physical Medicine and Rehabilitation and is licensed to practice in Texas and Oklahoma. 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:

This is a 45 year old female who reported an injury on 10/19/2009; the mechanism of injury was not provided. On 10/15/2013, the patient presented with subjective complaints of constant slight to intermittent moderate and occasionally severe right shoulder pain increasing with intensity with overhead reaching, as well as, popping and clicking and limited range of motion with difficulty reaching behind back. The patient also reported slight to intermittent moderate and occasional severe right knee pain over the entire knee. There was neck and low back pain reported by the patient. Range of motion of the cervical spine was flexion 28 degrees, extension 15 degrees, left lateral flexion 26 degrees, right lateral flexion 13 degrees. Upper extremity strength testing revealed shoulder abduction 2.2kg, left 2.0kg. Grip strength revealed average 8.2kg, maximum 8.7kg on left and right was 1.7kg. Lumbar spine range of motion was flexion 29 degrees, extension 15 degrees, and lateral flexion 16 degrees bilaterally. Muscle strength of the lower extremities was left knee flexion 5.4kg and right was 3.7kg, extension 6.0kg left and right 4.5kg. X-rays showed C4 to C7 decreased lordships with mild spondylitis. The patient is status post right shoulder arthroscopy with manipulation on 08/03/2011. Past treatments listed are medication management, physical therapy, and TENS unit. The patient reported 3 year use of TENS which did not help with increasing range of motion and decreasing pain. H-wave Patient Delivery Evaluation form, date of service 10/16/2013, indicated post use of H wave that she "felt very strong and really liked it". H wave patient compliance and outcome report, date initiated 10/16/2013: right shoulder; 8/10 pain; 30% relief; 2 treatments at 30-45 minutes.

IMR ISSUES, DECISIONS AND RATIONALES

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

Home H-wave: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines H-wave stimulation Page(s): 117-118.

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

Decision rationale: The CA MTUS Guidelines states that The CA MTUS Guidelines states H-wave stimulation (HWT) not recommended as an isolated intervention, but a one-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 as an adjunct to a program of evidence-based functional restoration, and only following failure of initially recommended conservative care, including recommended physical therapy (i.e., exercise) and medications, plus transcutaneous electrical nerve stimulation (TENS). There was no clinical information provided to suggest the patient was treated for diabetic neuropathy and soft tissue inflammation, as well as, any mention of functional deficits interfering with the patient's activities of daily living. As such, the requested service is non-certified.