MAXIMUS Federal Services

Case Number:	CM13-0065780		
Date Assigned:	01/03/2014	Date of Injury:	10/04/2012
Decision Date:	06/24/2014	UR Denial Date:	11/13/2013
Priority:	Standard	Application Received:	12/13/2013

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 Orthopedic Surgery and is licensed to practice in California. 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 female diagnosed with cervical spine disc bulges and strain with upper extremity radiculitis, overuse syndrome of upper extremities, right shoulder tendonitis/acromioclavicular hypertrophy/internal derangement, right elbow tendonitis and cubital tunnel sydrome, right carpal tunnel syndrome and dequervains syndrome. The injuries are a result of repetitive keyboarding and paperwork while employed as a foreclosure reviewer and date of injury is July 25, 2012. Physical therapy notes October 15, 22, and 24, 2012 were reviewed. There is no documentation that TENS or H wave was used. Therapist recommended ortho consult as no progress was being made. A document stating the injured worker had tried TENS use without relief of her symptoms was signed by the patient on July 31, 2013. Progress notes from the primary treating physician-orthopedic surgery were reviewed. PR2 dated September 19, 2013 documents injured workers pain at 7/10 with the use of norco, naprosyn, omeprazole and H wave use. Subjectively the patient reported functional improvement and decreased hydrocodone use since using H wave. Objective findings were extension to 40 degrees and lack of 3 fingerbreadths from touching chin to chest. No documentation of upper extremity exam. PR2 dated October 17, 2013 documents injured workers pain 8/10, she is using the H wave morning and night which is helping her pain and allowing her to get a little more sleep. Pain is 7 at the neck and 8 at the right elbow. Objective findings note patient lacks 4 fingerbreadths from touching chin to chest. No other objective findings. In PR2 dated November 14, 2013, the patient reports pain is an 8 and she continues to use the H wave morning and night. The exam reveals the patient is 2-3 fingerbreadths from touhing chin to chest. No other objective findings. The request is for 1 H wave device for symptom related to the neck and right upper extremity.

IMR ISSUES, DECISIONS AND RATIONALES

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

1 H-WAVE DEVICE FOR SYMPTOMS RELATED TO THE NECK AND RIGHT UPPER ARE: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 173-174,Chronic Pain Treatment Guidelines Chronic Pain Medical Treatment Guidelines Page(s): 117-118.

Decision rationale: The MTUS chronic pain medical guidelines support a one month trial of H-wave therapy may be appropriate but it should be documented how often the unit was used as well as outcomes in terms of pain relief and function. Trial periods greater than one month should be justified with documentation submitted for review. Based on records reviewed the injured workers pain level remains the same. Although the injured worker reports improved function and decreased medication use, specifics are not detailed . There is limited physical examination of the cervical spine and no exam of the upper extremity. ACOEM guidelines for neck and upper back, note there is no high grade evidence to support the effectiveness or ineffectiveness of passive physical modalities. The palliative tools may be used on a trial basis but should be monitored closely. Based on medical records available for review the request for 1 H-wave device is not medically necessary.