

Case Number:	CM13-0066515		
Date Assigned:	01/03/2014	Date of Injury:	06/13/2003
Decision Date:	04/21/2014	UR Denial Date:	11/20/2013
Priority:	Standard	Application Received:	12/16/2013

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 & 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 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:

The patient is a 59-year-old female who reported an injury on 06/13/2003. The mechanism of injury was not provided in the medical records. Her diagnoses include shoulder impingement syndrome, arthritis of the shoulder, facet arthropathy of the cervical spine, myofascial pain syndrome, and cervical radiculopathy. Her symptoms are noted to include pain in the cervical are, bilateral trapezius muscles, and bilateral shoulders and elbows. In her most recent progress note, it noted that the patient reported her pain at 8/10. Her medications are noted to include Flexeril, Voltaren gel, Tylenol, and Aleve. Her physical examination revealed limited range of motion of the cervical spine, weakness of the left upper extremity, and weak triceps reflexes bilaterally. Her treatment plan was noted to include continued medications, continued home exercise program, and apply moist heat as needed. A physician progress report addendum dated 11/13/2013 indicated that a request was made for a 30 day home trial of an H-wave home care system. It was noted that the patient had previously tried physical therapy, medications, and use of a TENS unit.

IMR ISSUES, DECISIONS AND RATIONALES

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

Home H-Wave device: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines
Transcutaneous electrotherapy Page(s): 117-118.

Decision rationale: The Physician Reviewer's decision rationale: According to the California MTUS Guidelines, 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 an adjunct to a program of evidence based functional restoration, and only following the failure of initially recommended conservative care including physical therapy, medications, and use of a TENS unit. The clinical information submitted indicates that the patient previously failed conservative care including physical therapy, medications, and use of a TENS unit. However, the clinical information provided failed to show evidence that the patient has previously had a 30 day in-home trial of an H-wave unit with positive results in order to warrant the purchase of an H-wave device. In the absence of documented evidence of functional gains and pain relief with use of a home H-wave unit 30 day trial, the request is not supported.