

Case Number:	CM13-0068832		
Date Assigned:	01/03/2014	Date of Injury:	12/17/2012
Decision Date:	06/25/2014	UR Denial Date:	12/03/2013
Priority:	Standard	Application Received:	12/20/2013

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, has a subspecialty in Interventional Spine 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 patient is a 53 year-old female certified nurse assistant with a 12/17/2012 date of injury. She has multiple industrial injury claims; the mechanism of onset for the 12/17/12 injury is reported as a ground level trip and fall when her leg got tangled in an oxygen cord. She has been diagnosed with: supraspinatus and infraspinatus tear of the left shoulder; left leg radiculopathy; T11/12 and L1/2 degenerative disc disease; right knee internal derangement, compensatory to left knee injury; facet arthropathy L4/5; T11/12 and L5/S1 disc protrusion; and left cervical radiculopathy. According to the 11/21/13 spinal orthopedic report from [REDACTED], the patient presents with 4/10 left shoulder pain, 3/10 low back pain that radiates down the left leg to the great toe, and 2/10 left knee pain. She was denied a pain management consultation and lumbar epidural injection, and is pending authorization for referral to a shoulder specialist. She completed PT and continues to use the H-wave unit. She was not able to get Percocet approved, which caused her increased pain and decreased activity. On 12/3/13 UR recommended against a request for 3 additional months use of the H-wave unit for the left shoulder and knee.

IMR ISSUES, DECISIONS AND RATIONALES

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

THREE ADDITIOANL MONTHS USE OF H-WAVE UNIT, LEFT SHOULDER, LEFT KNEE: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation MTUS: Chronic Pain Medical Treatment Guidelines, page 117, ,

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines for TENS, Transcutaneous Electrotherapy, H-wave stimulation (HWT) Page(s): 114-121.

Decision rationale: According to the 11/21/13 spinal orthopedic report from [REDACTED], the patient presents with 4/10 left shoulder pain, 3/10 low back pain that radiates down the left leg to the great toe, and 2/10 left knee pain. The initial report from [REDACTED] is dated 4/2/13 and she was recommended for post-op PT for the left knee. The follow-up visit on 6/24/13 was the first request for the H-wave unit by [REDACTED]. There is an 8/7/13 H-wave vendor template that requests the H-wave and check box stating the patient had a clinical trial of TENS. There are no PT notes provided for this IMR, and no indication that the patient has tried the TENS therapy, and no reports showing duration, frequency and the timeframe or pain levels with TENS. This IMR pertains to an additional 3-months use of an H-wave unit. MTUS for H-wave states: "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 (Julka, 1998) (Kumar, 1997) (Kumar, 1998), 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 is no indication the patient is in a program of evidence-based functional restoration, and no indication of failed conservative care including PT, medications and TENS. The use of H-wave is not in accordance with Chronic Pain Medical Treatment Guidelines. Therefore the request is not medically necessary.