

Case Number:	CM13-0071828		
Date Assigned:	01/08/2014	Date of Injury:	03/11/2011
Decision Date:	06/10/2014	UR Denial Date:	12/12/2013
Priority:	Standard	Application Received:	12/30/2013

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 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 44-year-old female who reported an injury on 03/11/2011. The mechanism of injury was not stated. The current diagnoses include shoulder region disorder, pain in a joint of the shoulder, and cervicalgia. The injured worker was evaluated on 11/14/2013. The injured worker reported right shoulder and neck pain with numbness in the left arm. The injured worker participated in chiropractic therapy and H-wave stimulation. The physical examination revealed restricted cervical range of motion, limited right shoulder range of motion, and decreased sensation over the medial hand and forearm on the left. Treatment recommendations at that time included authorization for eight (8) sessions of acupuncture. A request for authorization was then submitted on 12/03/2013 for the purchase of a home H-wave device.

IMR ISSUES, DECISIONS AND RATIONALES

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

PURCHASE OF HOME H-WAVE DEVICE: 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, 2009, H-WAVE STIMULATION (HWT), PAGE 171-172.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines H-WAVE STIMULATION (HWT) Page(s): 117-121.

Decision rationale: The Chronic Pain Guidelines indicate that H-wave stimulation is not recommended as an isolated intervention, but a one (1) month home based trial may be considered as a non-invasive conservative option. H-wave stimulation should be used as an adjunct to a program of evidence-based functional restoration and only following a failure of initially recommended conservative care including physical therapy, medications, and TENS therapy. The injured worker reported improvement in symptoms with the current medication regimen. There is no evidence of a failure to respond to conservative treatment including physical therapy and medications. Additionally, it is noted that the injured worker currently utilizes an H-wave stimulation unit; however, there is no documentation of how often the unit is used, as well as outcomes in terms of pain relief and function that would warrant the need for a unit purchase. Based on the clinical information received and the California MTUS Guidelines, the request is non-certified.