MAXIMUS Federal Services

Case Number:	CM14-0008921		
Date Assigned:	02/14/2014	Date of Injury:	05/23/2009
Decision Date:	06/24/2014	UR Denial Date:	01/17/2014
Priority:	Standard	Application Received:	01/23/2014

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 Pain Management, 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:

This is a female patient with a date of injury of May 23, 2009. A progress note dated December 30, 2013 identifies subjective complaints of continued left shoulder and trapezius pain, increased spasms of the left trapezius muscle, and report of occasional use of Soma for left trapezius muscle spasms. Physical examination identifies increased range of motion of the left shoulder, pain with internal rotation of the left shoulder, tenderness to palpation and spasms of the left trapezius, and a negative apprehension sign. The diagnosis is left shoulder impingement syndrome. The patient is status post a left shoulder arthroscopy. The treatment plan recommends continued use of Relafen as per [redacted], a cognitive behavioral therapy program, soma 350mg at bedtime as needed for muscle spasms, continuation of H-wave for left trapezius, follow-up in 4-6 months, and continuation of permanent and stationary status. An addendum note dated January 9, 2014 identifies subjective complaints of continued pain and impairment of activities of daily living. Further subjective reports include a 50% improvement of pain level after one initial treatment with the home H-wave unit, functional improvement of 50%, and increased range of motion and functionality. The treatment plan recommends purchase of the H-wave unit for home use for 30 minutes two times daily as needed.

IMR ISSUES, DECISIONS AND RATIONALES

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

H-WAVE DEVICE HOME USE (PURCHASE): 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, ,

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation MTUS: CHRONIC PAIN MEDICAL TREATMENT GUIDELINES, 8 C.C.R. §§9792.20 - 9792.26 MTUS (EFFECTIVE JULY 18, 2009) , 114, 117-118

Decision rationale: The Chronic Pain Medical Treatment Guidelines state that electrotherapy is the therapeutic use of electricity and is another modality that can be used in the treatment of pain. Guidelines go on to state that H-wave stimulation is 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 and medications plus transcutaneous electrical nerve stimulation. Within the documentation available for review, there is no indication that the patient has undergone a clinical TENS unit trial, there is no clear documentation regarding the patients response to the medications being prescribed, nor is there clear indication as to how much physical therapy the patient has undergone, and what the specific response to that therapy might have been. Furthermore, although the patient has completed and has had positive outcomes reported during trial use of the H-wave unit, there is no documentation stating that the unit is being utilized as an adjunct to a program of evidence-based functional restoration. In the light of such documentation, the currently requested H wave device is not medically necessary.