

Case Number:	CM14-0014757		
Date Assigned:	02/28/2014	Date of Injury:	03/27/2007
Decision Date:	08/04/2014	UR Denial Date:	01/30/2014
Priority:	Standard	Application Received:	02/05/2014

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 Occupational Medicine 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 51-year-old male who has submitted a claim for cervical spine degenerative disc, disorder, cervical spine radiculopathy, shoulder impingement syndrome, shoulder tendinitis, forearm/wrist fracture, scaphoid, and forearm/wrist, osteoarthritis wrist associated with an industrial injury date of 03/27/2007. Medical records from 05/30/2013 to 01/13/2014 were reviewed and showed that patient complained of neck pain graded 3/10 radiating down the right upper extremity. There was complaint of back pain graded 7/10 with no associated numbness. Patient also complained of burning, bilateral shoulder pain graded 5/10. There was also right wrist pain graded 4/10 with associated numbness at the fingers. Physical examination of the cervical spine revealed tenderness over the left C4-5 and bilateral C6 interscalene region and C2-6 spinous processes. Bilateral Spurling sign was positive. There was absent left upper extremity reflexes noted. Right upper extremity reflexes were intact. Physical examination of bilateral shoulders revealed no tenderness. Bilateral shoulder range of motion was normal. Impingement, apprehension, empty can, and drop-arm sign were negative bilaterally. Physical examination of bilateral wrists revealed no tenderness. Tinel's and Phalen's tests on bilateral wrists were positive. Magnetic resonance imaging (MRI) of the cervical spine dated 01/02/2014 revealed multiple degenerative disc disorder, mild central canal stenosis at C5-6, and foraminal stenosis at right C4 and left C6 nerve roots. Computerized tomography scan of the right wrist dated 12/11/09 revealed prior scaphoid transverse fracture with avascular necrosis. MRI of the left shoulder dated 08/06/2010 revealed a complex superior labrum Anterior posterior labral tear and degenerative changes. MRI of the left shoulder dated 12/11/2009 revealed postsurgical and degenerative changes. Electromyography/nerve conduction study of bilateral upper extremities dated 04/26/2013 revealed mild to moderate bilateral carpal tunnel syndrome. Treatment to date has included left shoulder arthroscopic subacromial decompression and anterior acromioplasty,

debridement of a partial-thickness rotator cuff tear and labral repair (02/03/2009), right wrist arthroscopy with radial styloidectomy (09/21/2010), right shoulder arthroscopic decompression and anterior acromioplasty (01/18/2011), left shoulder arthroscopic debridement of glenohumeral joint with lysis of adhesions, removal of left shoulder intraarticular suture material, and left subacromial bursectomy and revision acromioplasty with left distal clavical excision (06/04/2011) , post-operative physical therapy, chiropractic treatment, physical therapy, TENS, H wave, wrist splints, and pain medications. Utilization review, dated 01/30/2014, denied the request for home H-wave use supplies for indefinite use because there was no evidence that the use of H-wave has allowed the patient to perform better and/or work restrictions have decreased or changed in any way during the trial period.

IMR ISSUES, DECISIONS AND RATIONALES

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

HOME H-WAVE SUPPLIES FOR INDEFINITE USE: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines H-Wave Stimulation Page(s): 117-120.

Decision rationale: According to pages 117-120 of California Medical Treatment Utilization Schedule (MTUS) Chronic Pain Treatment Guidelines, H-Wave stimulation is not recommended as a primary treatment modality, but a one-month home-based H-Wave stimulation trial 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 (i.e., exercise) and medications, plus transcutaneous electrical nerve stimulation (TENS). A one-month trial period of the H-wave stimulation unit should be documented (as an adjunct to ongoing treatment modalities within a functional restoration approach) with documentation of how often the unit was used, as well as outcomes in terms of pain relief and function. In this case, patient had prior use of a TENS unit and reported beneficial effects (5/30/2013). Patient was likewise recommended to undergo H-wave therapy and reported pain relief by two-point reduction (medical records 5/30/2013) and functional improvement (medical records 09/09/2013) up to half a day with H-wave use. However, there was no recent documentation of pain relief and functional improvement from H-wave use. The medical necessity was not established. Moreover, it is not appropriate to certify a request for indefinite supplies because guidelines require evidence of improvement for continuing H-wave therapy. Therefore, the request for home h-wave supplies for indefinite use is not medically necessary.