

Case Number:	CM14-0015297		
Date Assigned:	02/28/2014	Date of Injury:	03/31/2007
Decision Date:	06/27/2014	UR Denial Date:	01/15/2014
Priority:	Standard	Application Received:	02/06/2014

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 Orthopedic Surgery and is licensed to practice in Mississippi. 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 records reflect that this 43-year-old individual was injured in March, 2007. Injuries to the right shoulder are noted. The current diagnosis is listed as spinal stenosis (724.02) and an elbow strain (841.9). A previous request for Lidoderm patches, Voltaren gel, physical therapy, a walking cane and gym membership were addressed in the preauthorization process. There are ongoing complaints of neck and low back pain with right upper extremity and right lower extremity involvement. A slight decrease in shoulder range of motion is noted and the injured worker is tender to palpation in both the cervical and lumbar spine. Prior treatment has included physical therapy. The recent physical assessment completed noted a full range of motion of the right shoulder and a decreased cervical spine range of motion. Multiple unrelated comorbidities are identified.

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 ACOEM.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines 8 C.C.R. 1201-9792.20 - 9792.26 MTUS (Effective July 18, 2009) H-wave stimulation (HWT) Page(s).

Decision rationale: Chronic Pain Medical Treatment Guidelines do not recommend 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. When noting the treatment rendered, the pathology objectified, there is no clear clinical indication that there is a diabetic neuropathy and there is no clinical indication for the use of this device.