

Case Number:	CM14-0110656		
Date Assigned:	08/01/2014	Date of Injury:	05/28/2009
Decision Date:	11/04/2014	UR Denial Date:	07/02/2014
Priority:	Standard	Application Received:	07/16/2014

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 Internal Medicine, Pulmonary Disease 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 56-year-old male who reported an injury on 05/28/2009. The mechanism of injury was continuous trauma. The diagnoses included cervical sprain, bilateral shoulder sprain, carpal tunnel, ulnar neuropathy, right knee sprain, right knee internal derangement, right shoulder rotator cuff tear, left shoulder rotator cuff tear, and multilevel cervical disc degeneration. The past treatments noted ongoing physical therapy and medications. The surgical history included surgery to the lumbar spine, left knee, and bilateral shoulders. The progress note, dated 07/30/2014, noted the injured worker complained of improved pain with the assistance of medication rated 5/10, and 8/10 without medications. The physical exam noted restricted range of motion of the shoulders, swelling and tenderness to the elbows, tenderness or spasm bilaterally to the lumbosacral spine with discomfort upon range of motion, intact sensation of the bilateral lower extremities, 1+ deep tendon reflexes at the knees and ankles, unrestricted range of motion to the right knee, joint line tenderness to the right knee, and intact cruciate functioning of the knee. Medications were not listed. The treatment plan recommended to continue physical therapy. The Request for Authorization form was submitted for review on 07/02/2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

Purchase of a home H-wave device for the bilateral shoulders: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Transcutaneous Electrotherapy, Page(s): 114, 117.

Decision rationale: The request for purchase of a home H wave device for the bilateral shoulders is not medically necessary. The injured worker had pain noted to be improved with medications, and restricted range of motion to the shoulders, specifically abduction to 110 degrees. The California MTUS Guidelines do not recommend the H wave device as an isolated intervention. It may be considered as a noninvasive conservative option for diabetic neuropathy or chronic soft tissue inflammation when used as an adjunct to a program of evidence based functional restoration, and only following failure of initially recommended conservative care. The guidelines support the continued use of the device only after documented measured improvement of pain and function with the initial trial. The documentation of the initial trial should include how often the unit was used as well as the outcomes in terms of pain relief and function. There is a lack of evidence to support neuropathic pain, or chronic soft tissue inflammation. There is a lack of documentation of a beneficial trial with the H wave device. There is a lack of evidence of failure of conservative care. The purchase of an H wave device is not indicated prior to the documentation of a successful trial rental. Given the previous, the purchase of a home H wave device is not indicated or supported at this time. Therefore, the request is not medically necessary.