

Case Number:	CM14-0111515		
Date Assigned:	08/01/2014	Date of Injury:	06/17/2011
Decision Date:	09/09/2014	UR Denial Date:	06/20/2014
Priority:	Standard	Application Received:	07/17/2014

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 and is licensed to practice in Illinois. 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 06/17/2011. Mechanism of injury reportedly occurred when he was trying to release the lock on a wheel. The diagnoses include chronic neck pain and upper extremity pain, chronic persistent headaches, cervicogenic, status post right shoulder surgery, chronic right shoulder pain, status post left ulnar transposition, and carpal tunnel syndrome bilaterally and peripheral neuropathy bilaterally. Past treatments included medications, TENS unit, H-wave, and physical therapy. Diagnostic studies include EMG and MRI. Surgical history included a shoulder surgery on 11/23/2011. On 05/08/2014, the injured worker was seen for neck pain with bilateral shoulder pain. Pain rate is 8/10 before medications and a 7/10 with medications. The Norco makes the injured worker sleepy but it allows him to do some walking. He had been using an H-wave machine. There was an H-wave compliance in output report dated 01/13/2014 that revealed the injured worker used the H-wave for back, neck and shoulders. The injured worker found that it was significantly beneficial. The injured worker received a TENS unit. The injured worker had been exercising the shoulder regularly. The right shoulder range of motion abduction to 60 degrees and left shoulder abduction to 90 degrees. There were impingement signs. Current medications include Norco 10/325 four times a day, Relafen 750 mg twice a day, Topamax 50 mg 1 or 2 at night, Imitrex 50 mg 1 or 2 a day no more than 4 a day, Biofreeze #2 tubes a month. The injured worker had significant numbness and tingling in the arms, he was also noted to be diabetic. The provider informed that the numbness and tingling might be related to the diabetic issues. The rationale was not provided. The Request for Authorization is dated 03/03/2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

One purchase of home H-wave device: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines H-wave stimulation (HWT) Page(s): 117.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines H-wave stimulation (HWT) Page(s): page 117.

Decision rationale: The request for 1 purchase of home H-wave device is non-certified. The injured worker has a history of back, neck and shoulder pain. The CA MTUS guidelines do not recommend the H-wave stimulation (HWT) 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 (i.e., exercise) and medications, plus transcutaneous electrical nerve stimulation (TENS). It is noted that the injured worker has had positive results with the H-wave; however, there is a lack of clinical evidence of significant objective functional improvements. There is a lack of clinical information indicating the injured worker's pain was unresolved with physical therapy, exercise, and medications. The injured worker was to receive a TENS unit also. There is a lack of documentation for the necessity of both units. As such, the request is non-certified.