

Case Number:	CM14-0111840		
Date Assigned:	08/27/2014	Date of Injury:	06/18/2002
Decision Date:	09/25/2014	UR Denial Date:	06/18/2014
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, 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:

Patient is a 57-year-old female with a 08/18/02 date of injury. 05/08/14 the Aged Medical re-examination report states that over the years he has been noted that there were several specific dates of injury claimed as well as a period of cumulative trauma. The patient was hit by a closing elevator door and has some residual symptoms involving the right shoulder and neck region and a little in low back area as well. However, it is represented that the symptoms of upper extremities are related to repetitive use right more than left. There were several incidents representing exacerbation of symptoms without a specific injury description. The prior AME advised the patient to continue follow up care as well as home exercises, local heat, alternate ice, medications. Patient states that ACDF at C5-6 and C6-7 performed on 04/05/13 helped somewhat, but she continues having residual symptoms. She was told that she had some bone growth outside the cage in the interbody space which may be causing some continuing symptoms of neck pain and throbbing with tingling and radiating to the shoulder blade areas and down her arms to the elbows right more than left. Her condition remains unchanged since April 2012. She states her physiotherapy was stopped a few months ago and was helping temporarily. She presently uses an age wave machine at home and does exercise with walking little bit of squats. She can walk up to 5 to 6 miles at a time about 3 days a week and also used to treadmill at home. She was using her pain patches intermittently until last week but notes that the last dose was too strong and she stopped using them. She takes Flexeril about once a month and occasionally uses the medication. CT scan report 11/11/13 states moderate right greater than left foraminal compromise at C4-5 and C5-6. X-rays state post op changes with grafts appearing to be maturing well and anticipates will continue with time. Diagnoses: Residuals of chronic strain cervical trapezial musculature with under degenerative spondylosis and disk disease C5-6 and C6-7, status post ACDF; residuals of chronic pain dorsal spine no radicular symptoms; history of

mild lumbosacral strain, no radiculopathy; bilateral shoulder pain with history of rotator cuff tendinitis and possible mild impingement syndrome; history of bilateral epicondylitis of the elbows, status post lateral and medial epicondylar release with ulnar nerve transposition on the right elbow and status post ulnar nerve transposition of the left elbow. History of bilateral CTS, status post right carpal tunnel release x 2, and left carpal tunnel release x 1. History of trigger thumb with underlying mild degenerative arthritis change at the MP joints, status post right trigger thumb release. Recommendation states that the patient may be at this time considered to have reached permanent and stationary status/MMI. Physical exam reveals tenderness to palpation of cervical trapezial musculature and interscapular regions. Moderate limitation of full extension, lateral bending, slight limitation of patient especially to the right. In the low back slight limitation of full flexion and good motion in other directions. Full range of motion no joint of both upper and lower extremities. Neurologically, deep tendon reflexes show some decrease in both Achilles and slight decreased bilaterally in the upper extremities. Sensory patterns are equal and normal. SLR appears to be satisfactory with some pain behind the left shoulder blade at 85 degrees. No positive Tinel's sign. Progress report dated 6/6/14 states survey findings for H-wave therapy. The patient reported decrease in the need for oral medications due to the use of H-Wave device, the ability to perform more activity and greater oral function, 70% reduction in pain. "Sleep better, I am no longer waking up with cramping he might make now" The request is for purchase of home H-wave device and system.

IMR ISSUES, DECISIONS AND RATIONALES

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

H-wave device: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 117-118.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 117-118.

Decision rationale: CA MTUS states that a one-month home-based trial of H-wave stimulation may be indicated with chronic soft tissue inflammation and when H-wave therapy will be used as an adjunct to a method of functional restoration, and only following failure of initial conservative care, including recommended physical therapy and medications, plus transcutaneous electrical nerve stimulation (TENS). 6/6/14 Progress report states 117 days of H-wave unit use and a subsequent decrease in medication use. However, the exact decrease is unstated, and so is the medication list. In addition, there is no discussion of failed therapy with TENS unit, except for the patient's statement "I tried a TENS unit in the 90's for my neck and shoulder and it did not work at all for me." There are no detailed descriptions of the failure, no mentions of the diagnoses TENS therapy was trialed to address in the 90's. A two-decade-old, undescribed TENS failure in the presence of cumulative injury, symptom dynamics, as well as ACDF performed in 2013, does not satisfy the guideline criteria. The request is not medically necessary.