

Case Number:	CM14-0121028		
Date Assigned:	08/13/2014	Date of Injury:	06/20/2012
Decision Date:	09/18/2014	UR Denial Date:	07/09/2014
Priority:	Standard	Application Received:	07/31/2014

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 & 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 38-year-old female with a reported date of injury on 06/20/2012. The mechanism of injury was due to an assault. Her diagnoses were noted to include; lumbar disc disease, lumbar facet syndrome, and bilateral sacroiliac joint arthropathy. Her previous treatments were noted to include; physical therapy, acupuncture, surgery, and medications. The progress note dated 04/04/2014 revealed decreased range of motion and weakness to the left shoulder and difficulty with pushing, pulling, and reaching. The physical examination of the left shoulder revealed tenderness to palpation, and a decreased range of motion. The lumbar spine noted tenderness to palpation, and a decreased range of motion, with a positive Yeoman's and Gaenslen's. There was also a positive straight leg raise noted. The Request for Authorization form dated 04/04/2014 was for a home H wave unit to help alleviate muscle spasms.

IMR ISSUES, DECISIONS AND RATIONALES

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

Home H-wave unit: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

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

Decision rationale: The injured worker complains of muscle spasms and has had a previous shoulder surgery. The California Chronic Pain Medical Treatment Guidelines do not recommend an H wave as an isolated intervention, but a 1 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 and medications, and transcutaneous electrical nerve stimulation. A recent retrospective study suggests the effectiveness of the H wave device, the patient's selection criteria including; a physician documented diagnosis of chronic soft tissue injury or neuropathic pain in an upper or lower extremity, or the spine that was unresponsive to conventional therapy, including physical therapy, medications, and TENS. There is no evidence that H wave is more effective as an initial treatment, when compared to TENS for analgesic effects. The documentation provided indicated the injured worker has failed conservative treatment, including; physical therapy, chiropractic manipulation, rest, medication, and a home exercise program, however, there is a lack of documentation regarding failure of a TENS trial. The request failed to provide whether the H wave unit was for rental or purchase, and the guidelines recommend a 30 day trial along with an adjunct to a rehabilitation program. Therefore, the request is not medically necessary.