

Case Number:	CM14-0173491		
Date Assigned:	10/24/2014	Date of Injury:	02/16/2010
Decision Date:	12/03/2014	UR Denial Date:	10/10/2014
Priority:	Standard	Application Received:	10/21/2014

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 Interventional Spine 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 patient is a 53 year old female with an injury date of 02/16/10. The 08/05/14 report by ■■■■■ states that the patient presents with complaints of pain and exhibits impaired ADLs. No examination or diagnoses are provided. The most recent prior report is from 02/24/14 by ■■■■■. This report is handwritten and partially illegible and states that the patient presents with pain and pressure in the right cervical spine. Pain increases with head movement and decreases with medications and stretching. Pain is rated 8/10. Examination shows tenderness to palpation of the upper trapezius with positive Spurling test, tenderness to palpation in the right shoulder with positive impingement sign and Apley's. The patient's diagnoses include cervical spine "RUE radix"; right shoulder "illegible"; status post right carpal tunnel release 12/30/10 and 04/16/12. The 10/24/13 chiropractic treatment report is included. Extracorporeal Shockwave Therapy (ESWT) treatment reports between 02/18/14 and 04/15/14 are included. The utilization review being challenged is dated 10/10/14. The rationale is that there is lack of evidence of benefit from a prior H wave trial between 04/29/14 and 05/19/14. Reports were provided from 10/16/13 to 11/04/14.

IMR ISSUES, DECISIONS AND RATIONALES

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

1 purchase for Home H-Wave Unit: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG)

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

Decision rationale: The patient presents with spine and shoulder pain rated 8/10. The provider requests for 1 purchase of Home H-Wave unit. MTUS guidelines regarding H-Wave devices page 117 state a 30 trial may be recommended "and only following failure of initially recommended conservative care, including recommended physical therapy (i.e., exercise) and medications, plus transcutaneous electrical nerve stimulation (TENS)." On 08/05/14 [REDACTED] states, "This patient utilized home H-Wave at no cost for evaluation purposes from 04/29/2014 to 05/19/2014....In a survey taken by H-Wave the patient has made the following comments. Patient has reported the ability to perform more activity and greater overall function due to the use of the H-Wave device. Patient has given examples of increased function due to H-Wave: 'More housework, I have less numbness'. The patient is utilizing the home H-Wave 1 time per day; 3 days per week, less than 30 minutes per session." It is unclear if the provider saw the patient on this date as it is a narrative report and request for authorization. No physical examination or objective observations are included for 08/05/14. The earliest prior progress report is dated 02/24/14 which is prior to the start of the H-wave trial. The provider does not discuss what body parts are to be treated. In this case, it appears the patient has chronic pain conditions for which this device is indicated and treatment by acupuncture, stretching, medications and ESWT are documented. However, the reports provided do not show a trial of TENs as required by MTUS. Furthermore, a survey by H-Wave to document the efficacy of the device is not sufficient documentation unless verified by the provider, and the provider does not mention functional changes that are significant. Therefore, this request is not medically necessary.