

Case Number:	CM14-0184557		
Date Assigned:	11/12/2014	Date of Injury:	05/15/2013
Decision Date:	12/30/2014	UR Denial Date:	10/29/2014
Priority:	Standard	Application Received:	11/05/2014

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 Family Medicine and is licensed to practice in New Jersey. 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 worker is a 24 year old male who was injured on 5/15/2013. He was diagnosed with right shoulder pain, complex regional pain syndrome, carpal tunnel syndrome, lesion of ulnar nerve, and chronic pain syndrome. He was treated with oral and topical medications, cryotherapy of the wrist, physical therapy, right shoulder arthroscopy/rotator cuff repair, carpal tunnel release, home exercises, ice, and heat. On 6/3/13 magnetic resonance imaging (MRI) of the right shoulder showed supraspinatus and subscapularis tendinosis, no muscle tear, possible labral tear, and biceps tenosynovitis. On 9/17/14, a second office visit with the worker's new primary treating physician discussed recently prescribed massage therapy and chiropractic treatments not being yet scheduled or completed. The worker reported continual neck and right shoulder pain and was taking medications for his pain, which included Norco and hydrocodone which provided some relief. He rated his pain at 8/10 with medications and 7/10 without medications, using the pain scale. He was then recommended a trial of an H-wave unit for one month.

IMR ISSUES, DECISIONS AND RATIONALES

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

H-WAVE unit for a 30 day trail for the right shoulder: 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
Transcutaneous electrotherapy, H-wave stimulation Page(s): 117-118.

Decision rationale: The Chronic Pain Medical Treatment Guidelines in the MTUS state that H-wave devices are not recommended as an isolated intervention, but a one-month home-based trial of H-Wave stimulation for up to one month may be considered as a non-invasive 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 including exercise, medications, plus transcutaneous electrical nerve stimulation (TENS). When using the H-wave stimulation device for this one month trial, MTUS states that it may be warranted to combine physical therapy during this period in order to help assess for any functional improvement. To justify continued use of the device, the provider needs to document improvements in function related to the devices use. In the case of this worker, his new primary treating physician recommended massage therapy and chiropractic treatments on the first appointment with the follow-up appointment recommending H-wave unit trial although the massage therapy and chiropractor treatments had not yet been started. In the opinion of the review, it would be more reasonable to trial one modality at a time in order to more accurately assess its effectiveness. Also, H-wave might be considered after other conservative treatments. Therefore, the H-wave trial is not medically necessary at this time.