

Case Number:	CM14-0032235		
Date Assigned:	06/20/2014	Date of Injury:	03/15/2013
Decision Date:	07/17/2014	UR Denial Date:	02/19/2014
Priority:	Standard	Application Received:	03/13/2014

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 Texas and Ohio. 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 54 year old female who reported an injury on 03 /17/2013 after hitting a metal shelf. The injured worker had a history of right elbow/shoulder pain and left elbow/wrist pain with a diagnosis of left elbow and upper arm overuse syndrome and tendonitis, cervicobrachial myofascial pain syndrome, right upper extremity overuse syndrome, chronic pain syndrome and diffuse tendonitis. The medication includes Ibuprofen 600mg 3-4 times a day and over the counter pain creams as needed. The injured worker's pain to the right shoulder is a 7-8/10 and right wrist 4-5/10 using the VAS (Visual Analog Scale) pain scale. The Electromyogram and nerve conduction study indicate normal findings of the left upper extreme and cervical distribution. The physical examination reveals range of motion of the right shoulder with flexion of 160 degrees, extension 50 degrees, abduction 170 degrees and the left shoulder with flexion of 170 degrees, extension 50 degrees, and abduction 190 degrees. The examination of the right elbow reveals flexion of 145 degrees, and extension 0 degrees, the left elbow with flexion of 145 degrees and extension of 0 degrees. The examination of the right wrist/ hands reveal flexion 80 degrees and extension 80 degrees and the left wrist/hand reveal flexion 80 degrees and extension 80 degrees. The injured worker had 10 physical therapy sessions. The treatment plan includes basic exercises and Pamelor 10mg 1-2 tablets by month every night. The authorization form dated 06/20/2014 was submitted with the documentation.

IMR ISSUES, DECISIONS AND RATIONALES

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

Purchase of Home H-wave device for bilateral arms: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines H-wave stimulator.

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

Decision rationale: The California MTUS does not recommended 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, and medications, plus Transcutaneous electrical nerve stimulation. In a recent retrospective study suggesting effectiveness of the H-wave device, the patient selection criteria included 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 transcutaneous electrical nerve stimulator (TENS). There is no evidence that H-Wave is more effective as an initial treatment when compared to transcutaneous electrical nerve stimulator for analgesic effects. A randomized controlled trial comparing analgesic effects of H wave therapy and transcutaneous electrical nerve stimulator on pain threshold found that there were no differences between the different modalities. The documentation provided was not evident in the history or examination that the H-wave was medically necessary. The electromyogram and nerve conduction study revealed normal findings, the documentation started pamelor 10 mg at night for pain without any follow up documented at to the outcome. As such the request for Purchase of Home H-wave device for bilateral arms is not medically necessary and appropriate.