MAXIMUS Federal Services

Case Number:	CM14-0035759		
Date Assigned:	06/23/2014	Date of Injury:	01/29/2013
Decision Date:	07/22/2014	UR Denial Date:	03/11/2014
Priority:	Standard	Application Received:	03/24/2014

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 61 year old female who reported injuries to the right side including the shoulder, wrist, knee, hip, and her neck on 01/29/2013, secondary to a fall. The injured worker had continued complaint of pain to right shoulder and low back. On physical examination of the right shoulder there was tenderness in the subacromial regions, supraspinatus tendon, and acrmioclavicular joint, positive impingement and cross arm test, limited range of motion. The lumbar spine showed tenderness with guarding over the pararvertebral muscles, bilateral sacroiliac joints and lumbosacral junction, positive straight leg raise in seated and supine position, positive Kemp's test bilaterally, and limited range of motion. A MRI (magnetic resonance imaging) of lumbar spine on 03/07/2014 concluded mild retrolitsthesis of L2 on L3, multiple disc protrusions with abutments of the nerve roots at L3 through L5. An ultrasound of the right shoulder on 11/11/2013 showed partial thickness rotator cuff tear, subacromial-subdeltoid (SASD) bursitis, acromioclavicular joint hypertrophy and narrowing of the subacromial space. She also had MRI of right knee that showed moderate chondromalcia patella of medial facet with less than 1 cm osteochondral lesion, osteochondral lesion. She had diagnoses of anterior weight bearing surface of medial femoral condoyle, and susceptibility artifact consistent with metal in the subcutaneous soft tissues anterior to the patella. The injured worker had diagnoses of bilateral forearm/wrist flexor and extensor tendonitis with early right carpal tunnel syndrome, right elbow contusion with medial epicondylitis, right shoulder contusion/sprain with impingement, cervical/trapezial musculoligamentous sprain/strain with bilateral upper extremity radiculitis, lumbosacrol musculoligamentous with right sacroiliac joint sprain, and right hip contusion/sprain. Her past treatments were acupuncture sessions, physical therapy, medications, steroid injections, bracing, home exercise program and a 20 minute trail of a transcutaneous electrical nerve stimulation (TENS) unit in office. She continued regular work

duties. She had medications of nabumentone, prednisone, and flexeril. The treatment plan is for durable medical equipment: H-wave unit purchase. The request for authorization for was signed and dated 11/19/2013. There is no rationale for the request for durable medical equipment: H-wave unit purchase.

IMR ISSUES, DECISIONS AND RATIONALES

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

Durable Medical Equipment: H-Wave Unit Purchase: 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 Page(s): 117.

Decision rationale: The injured worker had continued complaint of pain to right shoulder and low back pain. Her past treatments were acupuncture sessions, physical therapy, medications, steroid injections, bracing, home exercise program and a 20 minute trail of a TENS unit in office and she continued regular work duties. CA MTUS chronic pain medical treatment guidelines for transcutaneous electrotherapy, H-wave stimulation states it is 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 such as exercise and medications, plus transcutaneous electrical nerve stimulation (TENS). The injured worker had a 20 minute trail of a TENS unit in the office, which in less than the recommended 30 day trail and she does not have clinical finding of diabetic neuropathic pain. Therefore, the request for durable medical equipment: H-wave unit purchase is not medically necessary.