

Case Number:	CM14-0036336		
Date Assigned:	06/25/2014	Date of Injury:	11/11/2005
Decision Date:	07/25/2014	UR Denial Date:	03/19/2014
Priority:	Standard	Application Received:	03/25/2014

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. 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 49 year old male who reportedly sustained a crush injury to the left hand on 11/11/05. The records indicate that she is status post left cubital tunnel release and revision; as well as status post left shoulder arthroscopy, and was authorized for postsurgical physical therapy. A progress report dated 03/18/14 notes subjective complaints of neck pain that radiates into both upper extremities left more than right, causing numbness and tingling in both hands; tingling in left upper extremity; and left shoulder pain improved status post arthroscopic repair. Objective findings revealed decreased range of motion at the cervical spine; deep tendon reflexes C5, C6, C7 decreased to 1+/2+ bilaterally; and loss of sensation in C5-6 nerve distribution bilaterally. A left shoulder exam noted surgical scar healing; range of motion improved with physical therapy. A left upper extremity exam revealed global loss of sensation in anterior/posterior forearm; muscles stiff; palm perspires; with left upper extremity cold as compared to right. Per treatment recommendation, the injured worker used transcutaneous electrical nerve stimulation from 10/29/13 to present but it was not strong enough to take away pain, and needed a stronger machine for more relief.

IMR ISSUES, DECISIONS AND RATIONALES

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

H-wave unit for the left shoulder, QTY: 1: 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 (HWT) Page(s): 117.

Decision rationale: The notes indicate that the left shoulder is the only area showing improvement. The injured worker reportedly used a transcutaneous electrical nerve stimulation (TENS) from 10/29/13 to 01/22/14, with no explanation as to why this treatment continued if it was not effective. There is no indication that the injured worker has had a trial with H-Wave with documented effectiveness of the device with significant functional improvement. Moreover, there is no evidence that H-Wave is more effective as an initial treatment when compared to TENS for analgesic effects. Based on the clinical information provided, the request is not medically necessary.