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| Case Number: | CM14-0038914 | | |
| Date Assigned: | 06/27/2014 | Date of Injury: | 07/10/2013 |
| Decision Date: | 09/17/2014 | UR Denial Date: | 03/06/2014 |
| Priority: | Standard | Application Received: | 04/02/2014 |

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 Occupational Medicine 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 male who has submitted a claim for pain in joint, shoulder region associated with an industrial injury date of July 10, 2013. Medical records from 2013 through 2014 were reviewed, which showed that the patient complained of right shoulder, right elbow and neck pain described as intermittent (30-60% of the time), running/shooting/sharp/cutting quality, precipitated by activity, and moderate to severe in intensity. He was not able to work, perform household chores, or exercise due to the pain. On examination of the shoulder joint, movements were noted to be painful with internal rotation beyond 30 degrees. Neer test and shoulder crossover test were positive. Belly press, Lift off test and Jobe's test were negative. Speed's test, Yergason's test, Popeye's sign, Crank's test, O'Brien test, apprehension test, posterior stress test, and Jobe relocation test were all negative. There was tenderness in the glenohumeral joint and subdeltoid bursa of the right shoulder. ROM was full and WNL in flexion, and abduction. Internal rotation was limited to T11 and on the left it was to T7. Sensory and reflex testing of the upper extremities were WNL. There was diffuse weakness of the entire right upper extremity. Treatment to date has included medications, physical therapy, exercise, heat and ice therapy, TENS and a trial of H-wave device. Utilization review from March 6, 2014 denied the request for H-wave unit for home use because there was no specific objective evidence of improved pain scores or functional improvement after prior use of H-wave unit. Furthermore, the patient was advised to resume his use of analgesics despite the use of the device.

IMR ISSUES, DECISIONS AND RATIONALES

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

Request for H-Wave unit for home use: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines H-WAVE STIMULATION Page(s): 117-120.

Decision rationale: According to pages 117-120 of CA MTUS Chronic Pain Treatment Guidelines, H-Wave stimulation 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. It should be 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 (i.e., exercise) and medications, plus transcutaneous electrical nerve stimulation (TENS). There is no evidence that H-Wave is more effective as an initial treatment when compared to TENS for analgesic effects. One-month HWT trial may be appropriate when the above criteria are met. In this case, the patient had a trial of H-wave stimulation for pain secondary to his shoulder pain. Progress reports from November 2013 indicated that the patient found the H-wave device helpful in decreasing his pain and this decrease in pain allowed for the discontinuation of Motrin. This was at a time when the patient found physical therapy not particularly helpful and TENS beneficial. However, it is not clear from the records how frequent and how long the H-wave device was actually used, how much it helped (in terms of decreasing pain scores) and whether alternative therapies were used in conjunction (other than physical therapy). This lack of information makes it difficult to judge whether there was actually an improvement in the patient's pain and to attribute any improvement to the H-wave device. Furthermore, later progress notes showed that despite the H-wave device, the pain still continued and Motrin was eventually reordered. Finally, it is not clear whether the request is for rental or actual purchase of a device. Therefore, the request for H-Wave unit for home use is not medically necessary.