

Case Number:	CM14-0045472		
Date Assigned:	06/27/2014	Date of Injury:	12/17/2012
Decision Date:	08/21/2014	UR Denial Date:	03/04/2014
Priority:	Standard	Application Received:	04/01/2014

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 female who has submitted a claim for left shoulder impingement syndrome status post left shoulder surgery, left leg radiculopathy, and status post left knee surgery associated with an industrial injury date of 12/17/2012. Medical records from 08/26/2013 to 06/12/2014 were reviewed and showed that patient complained of left shoulder pain graded 3/10 and left knee graded 2/10/. There was no complaint of low back pain. Physical examination revealed a normal gait. Tenderness over the acromion, AC joint, lesser and greater tuberosities of the left shoulder were noted. Tenderness of the trapezius, supraspinatus, infraspinatus, and posterior shoulder musculature was noted. There was tenderness over the paravertebral muscles bilaterally. There was decreased left shoulder and left knee ROM. MMT was intact for bilateral lower extremities. SLR test was positive on the left lower extremity. Sensation to light touch of the left upper extremity was intact. Sensation to light touch was decreased on the left L5 dermatomal distribution. MRI of the left knee dated 01/04/2013 revealed medial collateral ligament sprain, lateral meniscus tear, patellar chondral thinning and likely gastrocnemius strain. X-ray of the lumbar spine dated 04/02/2013 revealed severe disc height loss L5-S1 and moderate disc height loss T11-L2. X-ray of the left knee dated 05/02/2013 revealed normal findings. X-ray of the lumbar spine dated 05/15/2013 revealed spondylosis and degenerative disc disease L5-S1 and facet arthropathy. MRI of the left shoulder dated 07/12/2013 revealed tear of the supraspinatus and infraspinatus and glenohumeral and AC joint osteoarthritis. MRI of the lumbar spine dated 08/31/2013 revealed posterior disc protrusion T11-12 and L5-S1 and mild bilateral L4-5 facet hypertrophy. Treatment to date has included left shoulder arthroscopic SLAP repair and subacromial decompression (05/28/2014), left knee arthroscopic surgery 01/24/2013, physical therapy, home exercise program, and pain medications. Utilization review dated 03/04/2014 denied the request for home H-wave unit,

purchase because the medical records did not indicate the parts that received TENS unit treatment.

IMR ISSUES, DECISIONS AND RATIONALES

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

Home H-wave unit, purchase: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 117.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines H-wave stimulation, pages 117-120 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 a primary treatment modality, but a one-month home-based H-Wave stimulation trial 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). A one month trial period of the H-wave stimulation unit should be documented (as an adjunct to ongoing treatment modalities within a functional restoration approach) with documentation of how often the unit was used, as well as outcomes in terms of pain relief and function. In this case, the patient has already completed unspecified visits of physical therapy and TENS treatment. The patient is actively participating in home exercise program (05/01/2014) as well. However, there was no documentation of functional outcome with both physical therapy and TENS treatment. Moreover, it is unclear as to which body parts received TENS treatment(09/10/2013-10/09/2013 and 10/16/2013-10/30/2013). Failure of PT and TENS treatment, which is prerequisite to initiating H-wave therapy, cannot be established based on the medical records available. Furthermore, the request did not specify which body part to be treated. Therefore, the request for Home H-wave unit, purchase is not medically necessary.