

Case Number:	CM14-0046714		
Date Assigned:	07/02/2014	Date of Injury:	08/08/2011
Decision Date:	08/28/2014	UR Denial Date:	03/25/2014
Priority:	Standard	Application Received:	04/14/2014

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 & Rehab 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 injured worker is a 39-year-old female with a reported date of injury on 08/08/2011. The mechanism of injury was not provided within the documentation available for review. Her diagnoses included thoracic outlet syndrome, post-traumatic impingement with bursitis of the left elbow, and left shoulder pain. Surgical history includes left shoulder arthroscopy on 11/09/2012 and cervical spine fusion of unknown date. The injured worker complained of chronic thoracic outlet syndrome, as well as chronic muscle spasms and pain. The range of motion of the left shoulder was noted to be guarded. Range of motion was revealed as flexion to 150 degrees and abduction to 160 degrees. The clinical information provided for review indicates the injured worker utilized an H-wave product from 04/08/2014 to 04/25/2014. The injured worker reported a decrease in the need for oral medication due to the use of H-wave device. The injured worker reported after using H-wave device a 50% reduction in pain with an increased ability to function. The injured worker's medication regimen was not provided within the documentation available for review. The rationale for the request was not provided within the documentation available for review. The request for authorization for H-wave therapy, unspecified duration, was submitted on 04/08/2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

H-wave therapy, unspecified duration: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines H-wave therapy Page(s): 51.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Transcutaneous Electrotherapy Page(s): 114.

Decision rationale: The California MTUS Guidelines state that transcutaneous electrical therapy represents therapeutic use of electricity and it is another modality that can be used in the treatment of pain. Transcutaneous electrical therapy is the most common form of electrotherapy where electrical stimulation is applied to the surface of the skin. Criteria for the use of TENS would include documentation of pain of at least 3 months duration. There is evidence that other appropriate pain modalities have been tried including medication and failed. A 1 month trial period of the TENS unit should be documented (as an adjunct to ongoing treatment modalities within a Functional Restoration Program) with documentation of how often the unit was used, as well as outcomes in terms of pain relief and function. Other ongoing pain treatment should also be documented during the trial period including medication usage. The clinical information provided for review lacks documentation related to the use of medications or the use of physical therapy or activity or Functional Restoration Program in adjunct to the H-wave unit. In addition, there is a lack of documentation related to how often the unit was used, as well as outcomes in terms of pain relief and function. The clinical information provided for review lacks documentation related to the injured worker's functional deficits to include range of motion values in degrees and the utilization of VAS. In addition, the request as submitted failed to provide frequency and duration of use and specific site at which the H-wave was to be used. Therefore, the request for H-wave therapy, unspecified duration is not medically necessary.