

Case Number:	CM14-0046885		
Date Assigned:	07/02/2014	Date of Injury:	08/15/2005
Decision Date:	09/22/2014	UR Denial Date:	03/28/2014
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 Preventative Medicine has a subspecialty in Occupational Medicine and is licensed to practice in Iowa. 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:

This patient is a 42 year old employee with date of injury of 8/15/2005. Medical records indicate the patient is undergoing treatment for status-post left shoulder surgery; cervical spine disk bulges; thoracic spine strain; lumbar spine disc extrusion with radiculopathy; right shoulder strain; right and left elbow sprain; right knee internal derangement; compensatory left knee strain and left ankle strain; status-post right knee surgery (8/5/2011); left knee strain secondary to right knee. Subjective complaints include pain in the neck, upper back, right and left shoulders, right and left elbows, right and left knees and left ankle. His constant low back pain radiates down to both legs. He states his pain level is 7/10. He experiences numbness and tingling in both his right and left hands and right and left feet. His right shoulder pain is aggravated by lifting objects and overhead activities. The patient has impaired range of motion and has difficulty completing activities of daily living. Objective findings include: tenderness to palpation of the cervical, thoracic and lumbar spine. His right lateral shoulder, right thumb tip, right long tip, right small tip have intact sensation to light touch. A foramina compression test was positive bilaterally which indicates symptomatic narrowing of the intervertebral foramina. A shoulder depression test was positive bilaterally which indicated nerve root inflammation. Kemp's test and straight leg raise were positive bilaterally. He had a positive apprehension test of bilateral shoulders and a positive bilateral Vargus/Valgus test of bilateral knees. Treatment has consisted of Ultram and Soma, home exercises, right knee surgery rehab, Physical Therapy (PT) and a trial of a Transcutaneous Electrical Nerve Stimulation (TENS) unit. A trial of a TENS unit provided no relief in 2006. The utilization review determination was rendered on 3/28/2014 recommending denial of an H-wave unit.

IMR ISSUES, DECISIONS AND RATIONALES

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

H-wave unit: 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 Page(s): 117.

Decision rationale: This patient is a 42 year old employee with date of injury of 8/15/2005. Medical records indicate the patient is undergoing treatment for status-post left shoulder surgery; cervical spine disk bulges; thoracic spine strain; lumbar spine disc extrusion with radiculopathy; right shoulder strain; right and left elbow sprain; right knee internal derangement; compensatory left knee strain and left ankle strain; status-post right knee surgery (8/5/2011); left knee strain secondary to right knee. Subjective complaints include pain in the neck, upper back, right and left shoulders, right and left elbows, right and left knees and left ankle. His constant low back pain radiates down to both legs. He states his pain level is 7/10. He experiences numbness and tingling in both his right and left hands and right and left feet. His right shoulder pain is aggravated by lifting objects and overhead activities. The patient has impaired range of motion and has difficulty completing activities of daily living. Objective findings include: tenderness to palpation of the cervical, thoracic and lumbar spine. His right lateral shoulder, right thumb tip, right long tip, right small tip have intact sensation to light touch. A foramina compression test was positive bilaterally which indicates symptomatic narrowing of the intervertebral foramina. A shoulder depression test was positive bilaterally which indicated nerve root inflammation. Kemp's test and straight leg raise were positive bilaterally. He had a positive apprehension test of bilateral shoulders and a positive bilateral Vargus/Valgus test of bilateral knees. Treatment has consisted of Ultram and Soma, home exercises, right knee surgery rehab, Physical Therapy (PT) and a trial of a Transcutaneous Electrical Nerve Stimulation (TENS) unit. A trial of a TENS unit provided no relief in 2006. The utilization review determination was rendered on 3/28/2014 recommending denial of an H-wave unit.