

Case Number:	CM14-0055891		
Date Assigned:	07/09/2014	Date of Injury:	07/07/2011
Decision Date:	08/22/2014	UR Denial Date:	04/22/2014
Priority:	Standard	Application Received:	04/25/2014

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 Anesthesiology, has a subspecialty in Pain Management 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:

According to the records made available for review, this is a 56-year-old female with a 7/7/11 date of injury. At the time (4/22/14) of the Decision for 1 home H-Wave unit, there is documentation of subjective (unchanged bilateral shoulder, wrist, hand, and elbow symptoms) and objective (bilateral shoulder tenderness, positive impingement test, positive cross arm test, weakness, limited range of motion, and left thumb tenderness with triggering) findings, current diagnoses (cervical musculoligamentous sprain/strain with bilateral upper extremity radiculitis, right shoulder partial rotator cuff tear/impingement, arthritic changes at glenohumeral joint and acromioclavicular joint, left shoulder full-thickness rotator cuff tear, bilateral elbow medial and lateral epicondylitis, bilateral wrist tendinitis, de Quervain's and carpal tunnel syndrome, and trigger finger), and treatment to date (medication, work modifications, injection, and a home exercise program). There is no documentation of chronic soft tissue inflammation; the unit will be used as an adjunct to a program of evidence-based functional restoration, and failure of additional conservative care (transcutaneous electrical nerve stimulation (TENS)).

IMR ISSUES, DECISIONS AND RATIONALES

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

1 home H-Wave unit: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Low Back Complaints Page(s): 117-118.

Decision rationale: MTUS Chronic Pain Medical Treatment Guidelines identifies that a one-month home-based trial of H-Wave stimulation may be considered as a noninvasive conservative option for chronic soft tissue inflammation 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). Within the medical information available for review, there is documentation of diagnoses of cervical musculoligamentous sprain/strain with bilateral upper extremity radiculitis, right shoulder partial rotator cuff tear/impingement, arthritic changes at glenohumeral joint and acromioclavicular joint, left shoulder full-thickness rotator cuff tear, bilateral elbow medial and lateral epicondylitis, bilateral wrist tendinitis, de Quervain's and carpal tunnel syndrome, and trigger finger. In addition, there is documentation of failure of initially recommended conservative care, including recommended physical therapy (i.e., exercise) and medications. However, there is no documentation of chronic soft tissue inflammation; the unit will be used as an adjunct to a program of evidence-based functional restoration, and failure of additional conservative care from the transcutaneous electrical nerve stimulation (TENS). Therefore, based on guidelines and a review of the evidence, the request for one Home H-Wave unit is not medically necessary.