

Case Number:	CM14-0067566		
Date Assigned:	07/11/2014	Date of Injury:	04/30/2012
Decision Date:	08/11/2014	UR Denial Date:	04/17/2014
Priority:	Standard	Application Received:	05/12/2014

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 and Rehabilitation and 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:

This 54 year-old patient sustained an injury on 4/30/12. Requests under consideration include purchase of H-wave unit and supplies. The diagnoses include lumbosacral degenerative disc disease and sciatica. The physical therapy report of 10/30/13 noted patient with bilateral shoulder, left sternal costal area pain and lumbar pain. The patient is status post left shoulder rotator cuff repair and decompression on 3/8/13 with continued chronic pain since injury date with no significant improvement. The exam showed limited bilateral shoulder range of motion in all planes; pain on palpation of left shulder in coracoacromial arch and subacromial space and left sternocostal area. The treatment included ultrasound, joint mobilization, range of motion and strengthening exercises, instruction in a home exercise program and Interferential current to left shoulder. The patient remained unemployed and disabled. The report of 3/31/14 from the provider noted under complaints and objective findings were two checked boxes identifying patient complains of pain and patient exhibits impaired activities of daily living (ADLs). The report of 3/20/14 from the provider noted, continued back pain to hips and legs, limited motion with discomfort both shoulders; moderated benefit from analgesics, Neurotin and Ibuprofen, but no benefit from the 30-day TENS trial with H-wave unit. The exam and diagnoses were unchanged with treatment plan noting due to lack of benefit from the unit, a permanent prescription is not indicated and will continued with current medications. The report of 5/1/14 from the provider noted the patient with excellent benefit from use of H-wave TENS unit. The exam showed shoulder abd/flex above shoulder level of 20 and 30 degrees with mildly positive straight leg raise at 80 degrees and spasm. Diagnoses remained unchanged with treatment plan noting H-wave has significantly improved patient's activites of daily living; with medications refilled for Norco, Voltaren Gel, Ibuprofen, Neurotin. The patient had unchanged work restrictions. The report of 6/12/14 from the provider noted the patient with continued ongoing

pain and discomfort the the low back radiating to hips and legs with increased pain in the sole of right foot. It was reported via interpreter that the patient had excellent benefit from the H-wave TENS unit which has decreased the need for medication. The exam showed positive straight leg raising bilaterally at 80 degrees; weakness of right foot plantar flexors against resistance; and moderate lumbar spine spasm. The diagnoses include sciatica and degenerative disc disease of lumbosacral. The treatment plan per the provider included the request for H-wave TENS unit"to be prescribed for permanent use as the patient has improved ADLs and increased ability to ambulate with diminution in the need for medication. Work status was reported as unchanged. The requests for Purchase of H-wave unit and supplies was non-certified on 4/17/14 citing guidelines criteria and lack of medical necessity.

IMR ISSUES, DECISIONS AND RATIONALES

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

Purchase of H-Wave unit and supplies: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Transcutaneous Electrotherapy, H-Wave Stimulation, pages 115-118; H-Wave: 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 Page(s): 115-118.

Decision rationale: The MTUS guidelines recommend a one-month HWT rental trial to be appropriate to permit the physician and provider licensed to provide physical therapy to study the effects and benefits, and it should be documented (as an adjunct to ongoing treatment modalities within a functional restoration approach) as to how often the unit was used, as well as outcomes in terms of pain relief and function. The patient has underwent several months of H-wave use without any documented consistent pain relief in terms of decreasing medication dosing and clear specific objective functional improvement in ADLs have not been demonstrated. There is no indication the patient is participating in a home exercise program for adjunctive exercise towards a functional restoration approach. The purchase of H-Wave unit and supplies is not medically necessary and appropriate.