

Case Number:	CM14-0072553		
Date Assigned:	07/16/2014	Date of Injury:	01/07/2010
Decision Date:	09/18/2014	UR Denial Date:	05/13/2014
Priority:	Standard	Application Received:	05/19/2014

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 60-year-old female who has submitted a claim for carpal tunnel syndrome, sprains and strains of shoulder, lumbar spine disc rupture, thoracic spine disc bulge, and strains of the elbow associated with an industrial injury date of 01/07/2011. Medical records from 01/21/2014 to 07/16/2014 were reviewed and showed that patient complained of pain in neck graded 4/10, back (pain scale grade not specified), bilateral shoulders (pain scale grade not specified), right elbow (pain scale grade not specified), and bilateral wrists/hands (pain scale grade not specified). Physical examination revealed intact sensation to light touch of bilateral upper extremities. Neer's and Hawkins-Kennedy impingement tests were positive. MRI of the cervical spine dated 12/16/2013 revealed C3-4, C4-5, and C5-6 disc protrusions and posterior osteophytes with foraminal narrowing. Bilateral hand x-ray dated 01/30/2014 revealed degenerative OA of interphalangeal joints. Left wrist x-ray dated 01/30/2014 revealed degenerative OA of first CMC joint. Right wrist x-ray dated 01/30/2014 revealed degenerative OA of intercarpal and first CMC joints. Bilateral shoulder x-ray dated 01/30/2014 revealed degenerative changes at AC joint. Lumbar spine x-ray dated 01/30/2014 revealed moderate-to-severe degenerative changes T12-L2, disc disease L4-5 and L5-S1, spondylolisthesis of L4-5 and arthritis of L4-S1. Thoracic spine x-ray dated 01/30/2014 revealed moderate degenerative changes, moderate degenerative spondylosis, and disc disease in mid-to-lower thoracic spine. Cervical spine x-ray dated 01/30/2014 revealed moderate degenerative changes, moderate degenerative spondylosis, and disc disease at C3 to C7. Treatment to date has included hand braces, unspecified visits of physical therapy with no documentation of functional outcome, H-wave therapy 45 minutes a day for carpal tunnel, shoulder, and cervical with 50% pain reduction (04/08/2014 to 04/23/2014), TENS (did not provide relief as stated on 03/28/2014), and pain medications. Utilization review dated 05/13/2014 denied the request for home heat wave

purchase and indefinite supplies because there was no documentation of recent physical therapy failure.

IMR ISSUES, DECISIONS AND RATIONALES

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

Heat Wave Purchase an Indefinite Supplies: 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): 117-120.

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 had a 15-day trial of H-wave 45 minutes a day with 50% pain reduction noted. However, the guidelines require one-month of trial prior to continuation of H-wave stimulation treatment. Poor response to TENS treatment was noted (03/28/2014). It is unclear as to whether there is failure of physical therapy based on the available medical records or if the patient is actively participating in functional restoration program. The guidelines only recommend H-wave stimulation as adjunct to functional restoration program after failure of both PT and TENS treatment. The request likewise failed to specify the body part to be treated. Indefinite supplies would exceed medical practice standards of care. Therefore, the request for H-Wave Purchase and Indefinite Supplies is not medically necessary.