

Case Number:	CM14-0080203		
Date Assigned:	07/18/2014	Date of Injury:	02/18/2013
Decision Date:	09/19/2014	UR Denial Date:	05/27/2014
Priority:	Standard	Application Received:	05/30/2014

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, has a subspecialty in Neuromuscular Medicine and is licensed to practice in Maryland. 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 61 year old male with a work injury dated 2/18/13. The diagnoses include cervicgia, lumbago, rotator cuff strain; right shoulder acromioclavicular joint arthrosis with impingement. Under consideration is a request for Home H-Wave Device (Purchase). There is a primary treating physician report dated 5/1/14 that states that the patient experiences neck pain and right shoulder pain. The visit is for his 30 minute H-wave trial applied to the shoulder and lumbar spine. Initially, he rated his pain 6/10. After a 30 minute trial, his pain was reduced to 1/10 on a pain scale of 0-10. He had reduction in pain. He described this as "it feels numb". The document states that there is not a request for authorization for the TENS unit at this time. The patient will simply have the device for 30 days. If this is effective in reducing his pain, then authorization will be pursued. On exam the right shoulder revealed slight atrophy of the right deltoid and biceps, passive range of motion, forward flexion of 130 degrees, abduction to 110-, external rotation 60, internal rotation 60 with very little pain. Muscle strength testing with forward flexion and abduction 4.5/5. Cervical Spine forward flexion chin to chest 1 inch chin to chest, extension 45, rotation to the left and the right 50 degree, lateral bending to the left/right 50. Straight leg raise causes discomfort on the right. He has decreased sensation along the tibia, dorsal aspect of the foot and great toe and third toe. There is 4/5 strength in knee flexion/extension. The plan states that the patient underwent an H wave trial, 30 minutes applied to the shoulder and lumbar spine. This greatly reduced his pain. A 6/5/14 PR-2 document states that the patient's medications are Norco, Meloxicam, and Colace. The patient is continuing with physical therapy. For his cervical spine the documenting physician states that the patient should continue physical therapy for range of motion, has given him some relief of his symptoms

because the radiculopathy in his right hand has resolved to occasional. Also, he is using the H-wave unit that has given him some relief of his symptoms and the medications.

IMR ISSUES, DECISIONS AND RATIONALES

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

Home H-Wave Device (Purchase): 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 physical medicine Page(s): 98-99.

Decision rationale: The MTUS Chronic Pain Medical Treatment Guidelines state that the H wave should be used only following failure of initially recommended conservative care, including recommended physical therapy (i.e., exercise) and medications, plus transcutaneous electrical nerve stimulation (TENS). The recent documentation from 6/5/14 indicates that the patient has received relief in the right upper extremity from physical therapy. This does not indicate a failure of physical therapy. Furthermore, the patient does not have evidence that they failed transcutaneous electrical nerve stimulation (TENS). The request for Home H-Wave Device (Purchase) is not medically necessary.