

Case Number:	CM14-0092846		
Date Assigned:	09/12/2014	Date of Injury:	05/29/2012
Decision Date:	11/03/2014	UR Denial Date:	06/06/2014
Priority:	Standard	Application Received:	06/19/2014

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 family practice and is licensed to practice in Ohio. 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 injured worker is a 38 year old male with a cumulative trauma injury first reported on 5-29-2012 in which he described severe right shoulder pain radiating into the right elbow, forearm, wrist, and hand with associated numbness and tingling. He has been diagnosed with right acromioclavicular osteoarthritis and bilateral cubital tunnel syndrome by MRI scan and electrodiagnostic studies respectively. On 2-6-2014 he underwent a right shoulder decompression and acromioplasty. The physical exam reveals right shoulder tenderness with restricted range of motion, tenderness to percussion of the right wrist, and a positive Tinel's sign to the lumbar region facet joints and paraspinal musculature. The last note available for review is from 3-18-2014. At issue is a request for an H-wave unit, 30 day trial.

IMR ISSUES, DECISIONS AND RATIONALES

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

H-Wave Unit for 30 day trial: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines-Pain.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Pain, H-Wave Stimulation (HWT).

Decision rationale: While not recommended as an isolated intervention, the following patient selection criteria should be documented by the medical care provider for H-wave stimulation (HWT) to be determined to be medically necessary: A. HWT may be considered on a trial basis if other noninvasive, conservative modalities for the treatment of chronic pain have failed. B. Although there are no published studies to guide recommendations for use, a one-month home-based trial of HWT may be considered following a documented face-to-face clinical evaluation and physical examination performed by the recommending physician, who should also document the following in the medical record: (1) The reason the physician believes that HWT may lead to functional improvement and/or reduction in pain for the patient; & (2) The use of TENS for at least a month has not resulted in functional improvement or reduction in pain; & (3) PT, home exercise and medications have not resulted in functional improvement or reduction in pain; & (4) The patient is participating in an evidenced-based functional restoration program without satisfactory reduction in pain or functional improvement. C. The one-month initial trial will permit the physician and PT provider to evaluate any effects and benefits. A follow-up evaluation by the physician should take place to document how often the unit was used and any subjective improvement in pain and function. Use of HWT for periods of more than one month should be justified by documentation submitted for periodic review. In this instance, the documentation is insufficient to determine the intended use for the H-wave unit (location, etc.), that other therapy is occurring, or the effects of treatment to date. There is no documentation that a TENS unit has been tried or that the injured worker is involved in a functional restoration program. Therefore, medical necessity for H-Wave Unit for 30 day trial has not been established.