

Case Number:	CM14-0001965		
Date Assigned:	01/24/2014	Date of Injury:	06/01/2011
Decision Date:	01/14/2015	UR Denial Date:	12/27/2013
Priority:	Standard	Application Received:	01/06/2014

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 Medicine and is licensed to practice in New Jersey and New York. 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 36 year-old male who was injured on 6/1/11 due to repetitive work. On the day of injury, he twisted his left upper extremity against a heavy weight and worsened his left shoulder pain. He complained of neck and back pain, bilateral shoulder pain and left wrist pain. A 8/2012 MRI of the left shoulder showed possible subtle SLAP tear to the posterior superior labrum, moderate acromioclavicular osteoarthritis, mild tendinosis of the supraspinatus and infraspinatus tendons without tear. In 2/2013 MRI of the cervical spine showed minimal posterior annular bulging at C4-5, C5-6, C6-7, but no significant central or foraminal stenosis. In 3/2013, he had left shoulder surgery which improved his pain. In 7/2013, electrodiagnostic studies showed moderate demyelinating median neuropathy at the right wrist, mild demyelinating neuropathy at the left wrist but no evidence of right or left upper extremity radiculopathy, plexopathy, or mononeuropathy. He was diagnosed with cervical strain, right shoulder inflammation, left wrist flexor tendon tenosynovitis, left and right wrist carpal tunnel syndrome, mild demyelinating median neuropathy of the left wrist. In 10/2013 he had right shoulder surgery to repair the superior labral tear, subacromial decompression, and distal clavicle excision followed by post-operative physical therapy. He also had left wrist carpal tunnel injection with good relief of left wrist and hand pain. His medications included Naprosyn, Flexeril, and Prilosec. He stopped Soma due to dizziness, stopped Neurontin due to throat swelling, stopped Cymbalt because it was ineffective, and stopped Norco and Oxycodone due to dizziness. As per a 12/2013 note, medications were working well without side effects and he was able to increase his activity level. Patient used a TENS unit for both shoulders and was authorized for use of the H-wave unit which he utilized 1-2 times per day. He "notes that he has lasting pain relief for several hours following treatment." And "patient has reported the ability to perform

more activity and greater overall function due to the use of the H-wave device. The request is for an additional 3 months of home H-wave use.

IMR ISSUES, DECISIONS AND RATIONALES

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

HOME H-WAVE DEVICE (3 ADDITIONAL MONTHS): 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 Page(s): 117-118.

Decision rationale: The request is considered not medically necessary. The patient used a TENS unit for both shoulders and was authorized for use of the H-wave unit which he utilized 1-2 times per day. He "notes that he has lasting pain relief for several hours following treatment." And "patient has reported the ability to perform. According to MTUS guidelines, in order to try an H-wave device, the patient has to have failed conservative therapy such as medications, physical therapy and a trial of a TENS unit. In the chart, it was stated that he had pain relief and was able to perform more activities with his medications. There was no documentation of failure with the TENS unit. As per the chart, he continued to use the TENS unit. So it cannot be said that he failed conservative therapy or a TENS unit trial. Therefore, going by MTUS guidelines, the continued use of an H-wave device is not medically necessary at this time.