

Case Number:	CM14-0178656		
Date Assigned:	11/03/2014	Date of Injury:	02/12/2009
Decision Date:	01/07/2015	UR Denial Date:	10/15/2014
Priority:	Standard	Application Received:	10/28/2014

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 Geriatrics and is licensed to practice in 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:

According to the UR the injured worker was a 62 year old, who was injured on the job, February 12, 2009. The injured worker was taking a sample off a drilling rig, injuring both shoulders. The injured worker was on a part-time work schedule with weight restrictions of 20 pounds with no climbing or crawling. The injured worker had right shoulder surgery June 10, 2009 and left shoulder surgery April 21, 2010. The injured worker was diagnosed with carpal tunnel syndrome on the right, hepatitis C, and bilateral shoulder pain. On April 11, 2014, the injured worker was using an H-wave for increased pain to both shoulders. The injured worker increased activity and decreased Norco use from 8-10 per week from 2 per day. According to the progress note of June 6, 2014, the injured worker continued with constant pain which was brought on by shoulder motion. The injured workers pain level continued to be 8 out of ten; 0 being no pain and 10 being the worse pain. According to the progress note of June 6, 2014, the injured workers pain level and intensity did not change with the H-wave. The injured worker continued with a home exercise program and pain medication. The injured worker has had steroid injections in the past which did not help, also caused liver function test deteriorate. The injured worker reports less than 50% benefit from chiropractic treatments. The injured worker has also used a Transcutaneous Electrical Nerve Stimulation (TENS) unit in the past, along with physical therapy with poor results. The injured workers range of motion was limited to half flexion and abduction to both shoulders. According to the progress note of August 8, 2014, the injured workers pain was getting worse. The pain was brought on at rest. The injured worker was using the H-wave 20-30 minutes at a time three times per day with increased mobility of both shoulders and sleep was better. According to the physical examination the flexion and abduction were unchanged from the prior visit. On October 15, 2014 the UR denied the purchase of an H-Wave Device for bilateral shoulders.

IMR ISSUES, DECISIONS AND RATIONALES

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

Purchase of H - Wave Home Device for Bilateral Shoulders: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 117.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines 9792.20 - 9792.26 Page(s): 118-119.

Decision rationale: H-Wave Stimulation is an isolated intervention, but a one-month home-based trial may be considered as a noninvasive conservative option for diabetic neuropathic pain or chronic soft tissue inflammation if 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). In a recent retrospective study suggesting effectiveness of the H-wave device, the patient selection criteria included a physician documented diagnosis of chronic soft-tissue injury or neuropathic pain in an upper or lower extremity or the spine that was unresponsive to conventional therapy, including physical therapy, medications, and TENS. In this injured worker, the H wave has been in use for far longer than the one month trial and the notes do not suggest a significant reduction in pain or improvement in function. The records do not substantiate efficacy of the H-wave or that this injured worker has failed other conventional therapy to medically justify ongoing H-Wave System use. Therefore, the request is not medically necessary.