

Case Number:	CM14-0186657		
Date Assigned:	11/14/2014	Date of Injury:	12/13/2013
Decision Date:	01/05/2015	UR Denial Date:	10/20/2014
Priority:	Standard	Application Received:	11/10/2014

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 applicant is a represented [REDACTED] employee who has filed a claim for chronic elbow pain, reportedly associated with an industrial injury of December 13, 2013. Thus far, the applicant has been treated with the following: Analgesic medications; reportedly normal electrodiagnostic testing of June 10, 2014; a TENS unit; splinting; topical agents; and unspecified amounts of physical therapy. In a Utilization Review Report dated October 10, 2014, the claims administrator denied a request for an H-wave unit purchase. The applicant's attorney subsequently appealed. In an October 22, 2014 letter, the device vendor endorsed a request for an H-wave device. The request appears to have been countersigned by the applicant's treating provider. An H-wave device trial was sought on March 19, 2014 on the grounds and the applicant had reportedly failed physical therapy and may or may have failed a TENS unit. These notes were highly templated and contained little to narrative commentary. Multiple articles discussing the efficacy of H-wave were cited. In a May 14, 2014 progress note, the applicant reported ongoing complaints of shoulder pain. The applicant was status post shoulder surgery, knee surgery, and hernia repair surgery. 4/10 pain was noted. Shoulder MRI imaging was sought, along with physical therapy. The applicant's work status was not furnished. In a physical therapy progress note of August 2014, it was acknowledged that the applicant was off of work, was having difficulty performing activities of daily living including tying shoe laces, gripping, grasping, cooking meals, opening and closing a car door, lifting, housekeeping, and laundry. In a November 12, 2014 progress note, the applicant was given a rather proscriptive 5 pound lifting limitation. Additional physical therapy was sought. It said the applicant's shoulder rotator cuff tear would eventually require surgery. The applicant had recently received an elbow corticosteroid injection, it was noted.

IMR ISSUES, DECISIONS AND RATIONALES

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

Purchase of H-Wave for home use: 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 topic Page(s): 118.

Decision rationale: As noted on page 118 of the MTUS Chronic Pain Medical Treatment Guidelines, usage of an H-wave device beyond an initial one-month trial should be predicated on evidence of favorable outcome during said one-month trial in terms of "pain relief with function." Here, however, the applicant has seemingly failed to demonstrate a favorable response to previous usage of the H-wave device. The applicant remains off of work. A rather proscriptive 5-pound lifting limitation remains in place. The applicant remains dependent on other forms of medical treatment including physical therapy, corticosteroid injection therapy, etc. The applicant was described on a physical therapy progress note of August 5, 2014 as exhibiting continued difficulty to perform activities of daily living as basic as housekeeping, household chores, meal preparation, opening and closing a car door, lifting, carrying, pushing, pulling, etc. All of the foregoing, taken together, suggests a lack of functional improvement as defined in MTUS 9792.20f despite previous usage of the H-wave device on a trial basis. Therefore, the request is not medically necessary.