

Case Number:	CM14-0197124		
Date Assigned:	12/05/2014	Date of Injury:	07/09/2010
Decision Date:	02/25/2015	UR Denial Date:	11/13/2014
Priority:	Standard	Application Received:	11/24/2014

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. 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/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:

State(s) of Licensure: California

Certification(s)/Specialty: Preventive Medicine, Occupational Medicine

CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

This 55 year old female was injured 7/9/10, after being knocked into a wall by a patient, sustaining injury to her left shoulder. At the time of the incident she experienced pain in the left shoulder, back of the neck and upper trapezius muscular region. Her pain in the right upper trapezius region continued and she received temporary relief from physical therapy. She was using a transcutaneous electrical nerve stimulator (TENS) unit, home exercise program and Naprosyn. Documentation indicates that the TENS Unit provided no objective benefit and did not provide significant relief. As of 09/22/14 she complained of right lower neck pain radiating to the right scapular right shoulder pain. Her pain level is 7/10. She has completed 7/8 chiropractic treatments without lasting improvement. Chiropractor documents favorable response to treatment and progressing as expected (9/3/14). Her pain is exacerbated by prolonged standing, lifting, driving and lying down. On physical exam there is tenderness upon palpation of the right lower cervical paraspinal muscles. Cervical range of motion was restricted by pain in all directions. The remainder of the exam is unchanged. Current medications include metformin, Naprosyn, hydrochlorothiazide, atorvastatin. She is working full time. Diagnoses include chronic neck pain; cervical facet joint pain/ facet joint arthropathy; cervical disc protrusion; cervical sprain/ strain; right shoulder impingement and rotator cuff tendinitis; shoulder pain; trapezius strain; history of left shoulder contusion. On 10/8/14 a cervical MRI was done and revealed straightening of cervical lordosis (MRI dated 11/21/13 revealed loss of normal cervical lordosis) suggesting muscle spasm and/ or cervical strain, multilevel moderate degenerative disc disease and multilevel foraminal stenosis. The injured worker is on full time modified duty with no

lifting or pulling greater than 5 pounds. Home H-wave device was requested 10/29/14. On 11/13/14 Utilization Review non-certified home H-wave device based on lack of documentation of the injured workers response to a trial of H-wave that, per Utilization Review, was requested 9/22/14. MTUS Chronic Pain Treatment Guidelines were referenced.

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 Page(s): 117-118.

Decision rationale: The one-month HWT trial may be appropriate to permit the physician and provider licensed to provide physical therapy to study the effects and benefits, and it should be documented (as an adjunct to ongoing treatment modalities within a functional restoration approach) as to how often the unit was used, as well as outcomes in terms of pain relief and function. There is no documentation of a one-month trial. The request for home H-wave device (purchase) is not medically necessary.