

Case Number:	CM14-0200156		
Date Assigned:	12/10/2014	Date of Injury:	03/28/2002
Decision Date:	01/26/2015	UR Denial Date:	11/18/2014
Priority:	Standard	Application Received:	12/01/2014

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:

Injured worker is a male with date of injury 3/28/2002. Per primary treating physician's progress report dated 11/13/2014, the injured worker indicates that he continues using his H-wave unit three times a day at least on various areas that are painful for him, which include the neck, low back, and left hip. He reports that he continues to have chronic pain in the lumbar spine that radiates down into both calves. He has been having more pain in the medial aspect of both knees. He reports he can squat to 25% and is fearful of going further as he has difficulty getting up with pain in the medial knees. He continues to have postsurgical cervical spine pain that radiates into both the upper extremities, right greater than left. He continues to have marked limited range of motion of the lumbar spine. Without his pain medications his pain is rated 8-9/10 and with medications it goes down to 4-6/10. He uses his H-wave various times of the day for the neck and low back as well as when he has more breakthrough pain. On examination he uses a cane in the left hand to offload the left leg and to provide him balance. He is unable to hop on either foot as he has pain in his lumbar spine, bilateral sciatic legs and knees. There is muscle guarding with palpation in the lumbar paravertebral muscles. There is pain with palpation about the right sacroiliac joint. The right iliotibial band is tight. There is medial joint line pain about the right and left knees. There is left greater than right lateral calf pain with palpation. The left great toe is semi-strong at 4/5. Lower extremity reflexes are trace at the knees and ankles with reinforcement. He leans away with sitting straight leg raising. Supine straight leg raising is tolerated to 50/90 degrees on the left and 60/90 degrees on the right. Dural tension was appreciated by positive Bragard's sign on the left. There is a positive Fabere/Patrick sign on the right indicative of sacroiliac involvement. Lumbar extension is limited to 15/30 degrees with marked amounts of pain in the lower lumbar spine, clinically consistent with spinal stenosis and lumbar facet hypertrophy. Both right and left lateral bending are limited to 5/20 degrees with

marked amounts of pain in the lower lumbar spine. The cervical paraspinous strap muscles are quite tight bilaterally. There is ongoing myofascial pain noted at the medial parascapular border affecting the rhomboid muscles in the upper thoracic spine. There is pain with palpation in the upper belly of the right trapezius muscle. There is point tenderness over the anterior and superior aspect of the right shoulder and AC joint. Cervical spine extension is reduced in all planes. Upper extremity reflexes are trace. Active range of motion of the right shoulder is reduced with abduction 120 degrees, flexion 140 degrees, internal and external rotation 50 degrees and extension 40 degrees. Adduction with the cross chest maneuver is pain productive but full. Diagnoses include 1) status post four way heart bypass 2) diabetes mellitus 3) status post right carpal tunnel syndrome 4) right shoulder impingement 5) chronic lumbosacral sprain/strain with radiculitis 6) status post cervical spine fusion 7) right inguinal hernia 8) depression 9) difficulty swallowing 10) hearing loss 11) adhesive capsulitis, right shoulder.

IMR ISSUES, DECISIONS AND RATIONALES

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

H-Wave supplies: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines H-Wave Stimulation.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines H-wave Stimulation (HWT) Page(s): 117-118.

Decision rationale: The MTUS Guidelines do not recommend the use of H-wave stimulation as an isolated intervention. A one-month home-based trial of H-wave stimulation may be considered as a noninvasive conservative option for 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 physical therapy and medications, plus transcutaneous electrical nerve stimulation. The injured worker has had significant relief with regular use of H-wave stimulation. The injured worker also has pain medications and a home exercise program. Medical necessity of this request has been established within the recommendations of the MTUS Guidelines. The request for H-Wave supplies is determined to be medically necessary.

Physical therapy 3 x 2, right shoulder: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Physical Medicine Page(s): 98, 99.

Decision rationale: The MTUS Guidelines recommend physical therapy focused on active therapy to restore flexibility, strength, endurance, function, range of motion and alleviate

discomfort. The MTUS Guidelines support physical therapy that is providing a documented benefit. Physical therapy should be provided at a decreasing frequency (from up to 3 visits per week to 1 or less) as the guided therapy becomes replaced by a self-directed home exercise program. The physical medicine guidelines recommend myalgia and myositis, unspecified, receive 9-10 visits over 8 weeks. The requesting physician explains that the injured worker is in need of supportive care for his chronic pain and functional restoration. Treatments described include myofascial release therapy, interferential therapy, rehabilitative exercise therapy, and occasional manipulation. The MTUS Guidelines recommend passive therapy (those treatment modalities that do not require energy expenditure on the part of the patient) can provide short term relief during the early phases of pain treatment and are directed at controlling symptoms such as pain, inflammation and swelling and to improve the rate of healing soft tissue injuries. Passive therapy can be used sparingly with active therapies to help control swelling, pain and inflammation during the rehabilitation process. The injured worker has been injured for over 12 years, and has a home exercise program already. He does not have any acute injuries that may require short-term passive therapy. The request for physical therapy 3 x 2, right shoulder is determined to not be medically necessary.

Consultation with sleep specialist: Overturned

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ACOEM Practice Guidelines, Chapter 7: Independent Medical Examinations and Consultations, page 127

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 5 Cornerstones of Disability Prevention and Management Page(s): 78, 79, 90.

Decision rationale: Per the MTUS Guidelines, the clinician acts as the primary case manager. The clinician provides medical evaluation and treatment and adheres to a conservative evidence-based treatment approach that limits excessive physical medicine usage and referral. The clinician should judiciously refer to specialists who will support functional recovery as well as provide expert medical recommendations. Referrals may be appropriate if the provider is uncomfortable with the line of inquiry, with treating a particular cause of delayed recovery, or has difficulty obtaining information or agreement to a treatment plan. Primary treating physician's progress report dated 9/23/2014 indicates that the injured worker continues to be bothered by sleep apnea. His CPAP facemask has worn out. The request for consultation with sleep specialist is determined to be medically necessary.