MAXIMUS Federal Services

Case Number:	CM15-0019638		
Date Assigned:	02/09/2015	Date of Injury:	03/25/2013
Decision Date:	04/06/2015	UR Denial Date:	12/29/2014
Priority:	Standard	Application Received:	02/02/2015

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, Arizona
Certification(s)/Specialty: Physical Medicine & Rehabilitation

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 35-year-old female who reported an injury to the neck, left shoulder, left wrist, and left hand while working as an aesthetician. The pain started in 02/2013, but the injured worker does not recall the exact date. The injured worker attributed her injuries to waxing bodies, performing facials, repetitive use of the arms, straight reaching, being in a hunched position, always looking down, cleaning rooms, changing linens between clients, stocking, using tools that vibrate, and rotating the hands, wrists, and shoulders. The injured worker was assessed with left shoulder impingement and slight weakness with mild infraspinatus rotator cuff tendinopathy and tendinitis, resolved cervical and trapezial myofascial sprain/strain, and pain. The injured worker sought medical treatment with 6 sessions of chiropractic therapy. The injured worker's current treatment is exercise every day, Neurontin twice a day, and Flexeril. Additionally, the injured worker uses an H-wave unit. The injured workers medication regiment also included Sudafed, Magnesium, Spironolactone, Neurontin, and Aleve. No previous surgeries or medical illnesses were reported. Left shoulder MRI showed mild infraspinatus tendinosis, otherwise normal.

IMR ISSUES, DECISIONS AND RATIONALES

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

DME HOME H-WAVE DEVICE: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Hwave stimulation Page(s): 117-118.

Decision rationale: According to guideline criteria, H-wave stimulation (HWT) is not recommended as an isolated intervention. A one-month home-based trial of H-Wave stimulation 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 and medications, plus transcutaneous electrical nerve stimulation (TENS). There is no evidence that H-Wave is more effective as an initial treatment when compared to TENS for analgesic effects. The requested H-wave device is supported by medical necessity, the injured worker has documented attempts for pain relief with conservative care including physical therapy, medications, and transcutaneous electrical nerve stimulation. Therefore medical necessity of use of this device is supported.