MAXIMUS Federal Services

Case Number:	CM15-0137650		
Date Assigned:	07/27/2015	Date of Injury:	11/19/2010
Decision Date:	08/25/2015	UR Denial Date:	06/30/2015
Priority:	Standard	Application Received:	07/16/2015

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
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 male sustained an industrial injury to the neck, back, knees, ankles, wrists and shoulders via repetitive trauma from 11/15/92 to 11/16/10. Previous treatment included left knee arthroscopy with tri-compartmental chondroplasty (7/16/14), physical therapy, acupuncture, injections and medications. Magnetic resonance imaging cervical spine (6/23/14) showed disc bulge with spondylosis and facet changes. Magnetic resonance imaging lumbar spine (6/23/14) showed neural foraminal narrowing. In a PR-2 dated 5/7/15, the injured worker reported that his biggest problem was his left shoulder. The injured worker also complained of pain to the lumbar spine, cervical spine and right shoulder. The injured worker stated that his knees were doing fairly well. Physical exam was remarkable for left shoulder with full active range of motion, positive Neer's and Hawkin's signs and significant supraspinatus weakness and pain, positive bilateral straight leg raise and negative Spurling's and foraminal compression test bilaterally. Current diagnoses included cervical spine sprain/strain with arthrosis and discopathy, bilateral shoulder impingement with acromioclavicular joint arthrosis, bilateral elbow olecranon bursitis and medial and lateral epicondylitis, bilateral thumb carpometacarpal arthrosis, possible bilateral carpal tunnel syndrome or cubital tunnel syndrome, lumbar spine sprain/strain with discopathy and stenosis, status post left knee arthroscopy, right knee arthrosis, left ankle sprain/strain with arthrosis, psychiatric complaints and gastrointestinal complaints. The treatment plan included refilling medications (Ibuprofen cream, Omeprazole, Cyclobenzaprine and Tylenol #3), five sessions of acupuncture for the cervical spine, magnetic resonance imaging left shoulder, a psychiatric consultation, an internal medicine consultation and an H-wave unit.

IMR ISSUES, DECISIONS AND RATIONALES

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

Retrospective H wave unit (DOS 05/21/2015) with electrodes per pair, conductive paste or gel: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 117-118.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines H-wave Stimulation (HWT) Section 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. In this case, there is no evidence of a failure with conservative treatment in this case, therefore, the request for retrospective H wave unit (DOS 05/21/2015) with electrodes per pair, conductive paste or gel is not medically necessary.