

Case Number:	CM15-0163194		
Date Assigned:	08/31/2015	Date of Injury:	04/06/2000
Decision Date:	10/05/2015	UR Denial Date:	07/23/2015
Priority:	Standard	Application Received:	08/19/2015

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: Physical Medicine & Rehabilitation, Pain Management

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 50 year old female who sustained an industrial injury on 4-6-00. The Treating Psychiatrist Initial Evaluation, dated 6-11-15, indicates that the injured worker had a previous industrial injury, where she slipped and fell at work in 1989. The fall resulted in a right knee and chest injury. She reported that she was evaluated by medical personnel and returned to work without restrictions. She also reported a cumulative trauma injury, which resulted in pin in her neck, back radiating to her left leg, shoulders and arms, as well as increased migraine headaches, carpal tunnel syndrome, chest pain, abdominal pain, and high blood pressure. She also provided an itemized detail of "job stress starting about 15 years ago". The psychiatric provider diagnosed her with major depression, single episode moderately severe and generalized anxiety disorder. Treatment recommendations included continued psychological therapy. The 6-19-15 provider progress note indicates medical diagnoses of cervical sprain and strain with radiculopathy into bilateral upper extremities, lumbar sprain and strain with radiculopathy to the left lower extremity, status-post bilateral carpal tunnel release surgeries, anxiety, depression, and insomnia secondary to pain, possible fibromyalgia, and bilateral shoulder impingement and tendonitis. The treatment plan included follow-up with an internist and a psychiatrist, as well as continue current medications. A topical patch was prescribed on that visit. The PR-2, dated 6-23-15, indicates that the injured worker continued to complain of pain and impaired activities of daily living. The injured worker reported that "the ability to perform more activity and greater overall function due to the use of the H-wave device". She indicated that she was able to "lift more and do more housework", as well as having better sleep. Prior treatment modalities

included a TENS unit, physical therapy, medications, chiropractic manipulation, and a home exercise program. The use of the H-wave device was to reduce or eliminate pain, improve functional capacity and activities of daily living, reduce the need for oral medications, improve circulation and decrease congestion of the injured region, decrease or prevent muscle spasm and muscle atrophy, and to provide a self-management tool. On 6-30-15, a request for authorization of a home H-wave was made.

IMR ISSUES, DECISIONS AND RATIONALES

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

Purchase of a home h-wave unit (right shoulder): Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines HWT Page(s): 118-119.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 114, 117-118 of 127.

Decision rationale: Regarding the request for H-wave unit, Chronic Pain Medical Treatment Guidelines state that electrotherapy represents the therapeutic use of electricity and is another modality that can be used in the treatment of pain. Guidelines go on to state that H-wave stimulation is not recommended as an isolated intervention, but 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. Within the documentation there is no indication that the patient has undergone a 30 day tens unit trial as recommended by guidelines. There is no statement indicating how frequently the tens unit was used, and what the outcome of that tens unit trial was for this specific patient. In the absence of such documentation, the currently requested H wave device is not medically necessary.