

Case Number:	CM15-0184675		
Date Assigned:	09/25/2015	Date of Injury:	01/04/2010
Decision Date:	11/06/2015	UR Denial Date:	09/15/2015
Priority:	Standard	Application Received:	09/21/2015

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: Iowa, Illinois, California

Certification(s)/Specialty: Preventive Medicine, Occupational Medicine, Public Health & General Preventive 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:

The injured worker is a 61 year old female who sustained an industrial injury on 01-04-2010. According a progress report dated 06-11-2015, the injured worker reported neck pain, left shoulder pain and left arm pain. She had been in physical therapy, which had been causing her more pain. She reported that while she was at therapy, her shoulder felt good but after, the pain was increased and it was more difficult to move. Pain was rated 7 on a scale of 1-10 with medications. She currently took over the counter Tylenol. Diagnoses included impingement syndrome left shoulder, cervical radiculitis and improved triggering left middle finger. The treatment plan included request left shoulder open decompression. The provider noted that she had failed conservative treatment in the terms of physical therapy and injections. She had electrodiagnostic studies in the past, which did show bilateral carpal tunnel syndrome and C6-7 chronic radiculopathy on 11-12-2013. MRI of the left shoulder performed on 08-15-2014 revealed a down-sloping of acromion process and acromioclavicular arthropathy. She just completed physical therapy, which did not help, and she had been doing her home exercise, which had not helped. The provider also requested a TENS unit since her unit was broken. The injured worker was permanent and stationary. According to a primary treating physician's narrative report dated 08-31-2015, the injured worker "complains of pain" and "exhibited impaired activities of daily living". The provider noted that the injured worker utilized a Home H-Wave for evaluation purposes from 07-01-2015 to 08-10-2015. In a survey, the injured worker reported the ability to perform more activity and greater overall function due to the use of the H-

Wave device. She reported better sleep. She utilized the Home H-Wave 2 times per day 7 days per week less than 30 minutes per session. Other treatments used prior to Home H-Wave included TENS unit, physical therapy and medications. The treatment plan included purchase of a Home H-Wave device and system. An authorization request dated 08-31-2015 was submitted for review. The requested services included Home H-Wave Device. On 09-15-2015, Utilization Review non-certified the request for H-Wave unit to be purchased for home use for the cervical spine.

IMR ISSUES, DECISIONS AND RATIONALES

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

H-Wave unit to be purchased for home use, cervical spine: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Transcutaneous electrotherapy.

Decision rationale: Per MTUS Chronic Pain Medical Treatment Guidelines, "H-wave stimulation (HWT) 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 (TENS). 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. Rental would be preferred over purchase during this trial. Trial periods of more than one month should be justified by documentation submitted for review." Medical records provided indicate the injured worker reported the ability to perform more activity and greater overall function due to the use of the H-Wave device on the H-Wave device survey. The treating physician does not actually confirm functional improvement, objective findings have improved, or if there was decrease in medication usage. As such, the request for H-Wave unit to be purchased for home use, cervical spine is not medically necessary at this time.