

Case Number:	CM15-0197830		
Date Assigned:	10/13/2015	Date of Injury:	08/08/2014
Decision Date:	11/24/2015	UR Denial Date:	09/11/2015
Priority:	Standard	Application Received:	10/08/2015

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: Pennsylvania

Certification(s)/Specialty: Internal Medicine, Hospice & Palliative 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 78 year old female, who sustained an industrial injury on August 08, 2014. The injured worker was diagnosed as having left shoulder impingement, lumbar disc disease, lumbar facet syndrome, and bilateral knee internal derangement. Treatment and diagnostic studies to date has included cortisone injection, medication regimen, physical therapy, x-rays, and computed tomography. In a consultation dated August 27, 2015 the treating physician reports complaints of sharp, achy, pain to the lumbar spine; sharp, achy, stabbing pain to the knees that radiate to the bilateral hips to the toes with weakness; and pain to the left shoulder. Examination performed on August 27, 2015 was revealing for a wide-based gait, difficulty with heel toe walk, "moderate" left shoulder pain to the acromioclavicular joint and the biceps tendon, decreased range of motion to the left shoulder, positive impingement testing on the left shoulder, positive Neer's testing to the left shoulder, tenderness to the lumbar paraspinal muscles, "moderate" tenderness at lumbar four through sacral one facets, positive Kemp's testing to the bilaterally, positive straight leg raises seated and supine bilaterally, decreased range of motion to the lumbar spine, "moderate" bilateral knee pain with the right greater than the left, and positive bilateral patellar compression testing. The injured worker's pain level to the lumbar spine on August 27, 2015 was rated a 5 out of 10 with the use of the injured worker's medication regimen that increased to a 10 out of 10 without the medication regimen and the injured worker's pain level to the left shoulder was rated a 5 out of 10, but did not indicate if that was with or without the injured worker's medication regimen. On August 27, 2015 the treating physician requested an H-wave unit for home use times one for indefinite use noting that the injured

worker had "significant relief from the use of muscle stimulators during her physical therapy", but the consultation did not indicate the injured worker's numeric pain level prior to treatment and after treatment to determine the effects with the use of muscle stimulators. On September 11, 2015 the Utilization Review denied the request for an H-wave unit for home use times one for indefinite use.

IMR ISSUES, DECISIONS AND RATIONALES

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

H-Wave for home use x1 (indefinite use): Upheld

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

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

Decision rationale: The MTUS Guidelines do not recommend use of H-wave stimulation as an isolated treatment. A one-month home-based trial can be considered for those with diabetic neuropathy or chronic inflammation if it is being used along with an evidence-based functional restoration program. The appropriately selected workers are those who have failed conservative treatment that included physical therapy, pain medications, and TENS. Documentation during the one-month trial should include how often the home H-wave device was used, the pain relief achieved, and the functional improvements gained with its use. The submitted and reviewed documentation indicated the worker was experiencing lower back pain that went into the legs and left shoulder pain that went into the upper arms. There was no discussion suggesting the worker had diabetic neuropathy or active symptoms related to chronic inflammation. There was also no discussion describing which specific treatments the symptoms had failed. In the absence of such evidence, the current request for an H-wave device for home use is not medically necessary.