MAXIMUS Federal Services

Case Number:	CM15-0043001		
Date Assigned:	03/13/2015	Date of Injury:	10/08/2013
Decision Date:	04/20/2015	UR Denial Date:	02/19/2015
Priority:	Standard	Application Received:	03/06/2015

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: Indiana
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:

The injured worker is a 51 year old male, who sustained an industrial injury on October 8, 2013. The injured worker was diagnosed as having cervical strain, right shoulder AC joint degenerative joint disease, right shoulder impingement syndrome vs. rotator cuff repair, right hip contusion and right wrist contusion. Treatment to date has included physical therapy, which decreased the injured worker's pain and increased the functional status. The documentation reveals the injured worker had an H-wave trial with a significant reduction in pain, headaches, and spasms. The evaluating physician notes that the injured worker has failed to improve with life-style modifications, medications including NSAIDS, TENS and physical therapy. Currently, the injured worker complains of ongoing neck pain with radiation of pain down the right shoulder which he rates a 6 on a 10-point scale. He complains of right wrist pain which he rates a 4 on a 10-point scale and he has complaints of lower back pain with radiation to the right buttocks, hip and thigh which he rates a 5 on a 10-point scale. On examination, the injured worker has tenderness to palpation of the cervical spine and over the right trapezius muscles bilaterally. He reports tenderness to palpation over the AC joint of the right shoulder and over the anterior lateral aspect of the right shoulder. There is a positive impingement sign over the right shoulder. He exhibits a normal gait and has no evidence of weakness when walking on his toes or heels. He has tenderness to palpation over his lumbar spine as well. The treatment plan includes physical therapy and transition to home exercise program.

IMR ISSUES, DECISIONS AND RATIONALES

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

H-wave unit purchase, as related to the right hip, right wrist, right shoulder and cervical spine injury, as outpatient: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Work Loss Data Institute, LLC; Corpus Christi, TX; www.odg-twc.com; Section: Hip & Pelvis (Acute & Chronic) (updated 03/25/2014), ACOEM - https://www.acoempracguides.org/ Cervical and Thoracic Spine; Table 2, Summary of Recommendations, Cervical and Thoracic Spine Disorders.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines H wave stimulation Page(s): 117.

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 HWave 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 cite patient reported subjective improvement of pain rating and subjective improvement of functional outcomes (walk further, lift more, more housework, etc). The treating physician does not actually confirm whether functional improve has improved, objective findings have improved, or if there was decrease in medication usage (as reported by survey form). Additionally, the medical records provided do not actually substantiate the diagnosis of neuropathic pain or chronic soft tissue inflammation, which is the MTUS indication for H-Wave treatment. Finally, there is no evidence that the H-Wave would be used as an adjunct to ongoing treatment modalities. As such, the request for 1 PURCHASE OF H-WAVE UNIT is not medically necessary.