

Case Number:	CM15-0061789		
Date Assigned:	04/07/2015	Date of Injury:	03/21/2001
Decision Date:	05/07/2015	UR Denial Date:	03/18/2015
Priority:	Standard	Application Received:	04/01/2015

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: Massachusetts

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 (IW) is a 52-year-old female who sustained an industrial injury on 03/21/2001. Diagnoses include neck sprain/strain, thoracic or lumbosacral neuritis or radiculitis, cervicgia, displacement of cervical intervertebral disc without myelopathy, brachial neuritis or radiculitis, unspecified myalgia and myositis and rotator cuff (capsule) sprain/strain. Treatment to date has included medications, physical therapy, TENS unit and H-wave unit. Diagnostics performed to date included facet block and MRI. According to the progress notes dated 11/20/14, the IW reported hand, shoulder and neck pain. Upper back muscles and right shoulder were tender to palpation with compensatory shoulder lift and neck tilt with arm abduction. A request was made for home H-wave device for one month evaluation for treatment of the right shoulder pain; she had reported significant relief using it twice daily.

IMR ISSUES, DECISIONS AND RATIONALES

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

Home h-wave device for 1 month evaluation: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM.

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

Decision rationale: The claimant has a remote history of a work-related injury and continues to be treated for neck, shoulder, and hand pain. The treating provider documents benefit from use of an H-wave unit being used two times per day. Although H-wave stimulation is not recommended as an isolated intervention, a one month home-based trial of may be considered as a noninvasive conservative option for the treatment of chronic pain. H-wave stimulation is a form of electrical stimulation that differs from other forms of electrical stimulation, such as transcutaneous electrical nerve stimulation (TENS), in terms of its waveform. In this case, the claimant has already benefited from use of an H-wave unit. Further evaluation / rental is not needed or cost effective. A shoulder unit be purchased for indefinite use. A one month evaluation period is not medically necessary.