

Case Number:	CM14-0118477		
Date Assigned:	08/06/2014	Date of Injury:	04/11/2011
Decision Date:	12/24/2014	UR Denial Date:	07/09/2014
Priority:	Standard	Application Received:	07/28/2014

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. The expert reviewer is Board Certified in Anesthesiology, has a subspecialty in Pain Management and is licensed to practice in Georgia. 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/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

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 patient presents with a work-related injury on April 11, 2011. On June 18, 2014 the patient complained of right shoulder, left elbow, right elbow, left forearm, right forearm, and bilateral wrist pain. The patient reported a 3/10 pain level with medication and a 7/10 pain level without medication. The patient reported improved activities of daily living. The physical exam was significant for reduced bilateral shoulder range of motion; positive Hawkins test; tenderness over the trapezius; bilateral hand reduce range of motion. The provider recommended purchase of an H - wave unit.

IMR ISSUES, DECISIONS AND RATIONALES

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

H - wave purchase.: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Durable Medical Equipment Page(s): 119.

Decision rationale: H-wave purchase is not medically necessary. Per MTUS, H-wave "not recommended as an isolated intervention. There is no quality evidence of effectiveness except in conjunction with recommended treatments, including return to work, exercise and medications,

and limited evidence of improvement on those recommended treatments alone. The randomized trials that have evaluated the effectiveness of this treatment have included studies for back pain, jaw pain, soft tissue shoulder pain, cervical neck pain and post-operative knee pain. The findings from these trials were either negative or non-interpretable for recommendation due to poor study design and/or methodological issues." As it relates to this case H-wave was recommended as solo therapy for pain associated with the shoulders. Per MTUS and the previously cited medical literature H-wave therapy is not medically necessary as solo therapy and her current diagnoses.