

Case Number:	CM14-0060531		
Date Assigned:	07/09/2014	Date of Injury:	03/17/2013
Decision Date:	09/05/2014	UR Denial Date:	04/23/2014
Priority:	Standard	Application Received:	05/01/2014

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 Occupational Medicine and is licensed to practice in California. 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 is a 26-year-old female who has submitted a claim for bilateral shoulder sprain/strain with impingement, and left upper extremity numbing secondary to nerve conduction study; associated with an industrial injury date of 03/17/2013. Medical records from 2013 to 2014 were reviewed and showed that the patient complained of bilateral shoulder pain and weakness, radiating to the bilateral upper extremities. Physical examination showed bilateral shoulder tenderness. Range of motion was limited by pain. Treatment to date has included medications, acupuncture, chiropractic therapy, and H-wave stimulation. Utilization review, dated 04/23/2014, denied the request for H-wave unit because there was no objective evidence of improvement from use of H-wave unit, as well as reduction or elimination of medication intake from use of the modality. There was also no discussion whether there was a significant change in work related functional status for the proposed intervention to warrant the request.

IMR ISSUES, DECISIONS AND RATIONALES

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

Home H-Wave Device Purchase: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines H-wave Stimulation Page(s): 117-118.

Decision rationale: According to California MTUS Chronic Pain Medical Treatment Guidelines pages 117-118, H-wave therapy 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 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 (i.e., exercise) and medications, plus transcutaneous electrical nerve stimulation (TENS). In this case, the patient complains of bilateral shoulder pain and numbness with radicular symptoms despite medications, acupuncture, and chiropractic therapy. The patient has had 79 days of use of H-wave unit as stated in a report dated 03/12/2014, with 10% improvement from its use. However, there was no evidence that the patient was still continuing self-exercises at home which is the recommendation as an adjunct to H-wave treatment. There is no documentation of a short-term and long-term treatment plan from the physician. Lastly, it is unclear if patient has failed use of a TENS unit. Therefore, the request for Home H-wave device purchase is not medically necessary.