MAXIMUS Federal Services

Case Number:	CM14-0095100		
Date Assigned:	07/25/2014	Date of Injury:	05/27/2013
Decision Date:	10/06/2014	UR Denial Date:	05/30/2014
Priority:	Standard	Application Received:	06/23/2014

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 Family 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 injured worker is a 33 year old female who was injured on 05/27/13 when she lifted a case of tile weighing 60-80 pounds to eye level. The injured worker complains of left upper extremity pain with limited range of motion (ROM) and left lower extremity pain. A magnetic resonance image of the cervical spine dated 02/14/14 posterior annular tears within the intervertebral discs at C4-5 and C5-6 and 1-2 mm posterior disc bulges are noted at C4-5, C5-6 and C6-7 without evidence of central canal stenosis or neuroforaminal narrowing. The injured worker is diagnosed with a cervical sprain. Progress note dated 03/24/14 states treatment has included physical therapy which reportedly helped "some" and an injection to the left shoulder which was reportedly non-therapeutic. Physical examination reveals positive impingement and limited ROM of the left shoulder. This note does not mention the use of an H-wave device; however, records indicate the injured worker initiated a trial with the device on 02/24/14. H-wave Patient Compliance and Outcome Report dated 04/03/14 reveals data collected after 38 days of use. It is noted the device was used for the shoulder and neck complaints. It is noted the injured worker takes medications for this condition but was not able to decrease or eliminate the amount of medication taken with the H-wave. It is noted the percentage of improvement with the device is 10%. The device was used approximately twice per day, three days per week. It is not revealed how long each treatment lasted. The injured worker is reported to state, "There are times it helps me feel better;" "sometimes more than others." There are no clinical notes dating more recently than 04/03/14.

IMR ISSUES, DECISIONS AND RATIONALES

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

Multifunctional Stimulator H-Wave- Shoulder, and Neck Sprain ans strain: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM.

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

Decision rationale: Records indicate the injured worker participated in physical therapy which "helped some;" however, there is no physical therapy notes submitted. Failure to appropriately respond to this form of conservative treatment is not submitted. Records do not indicate the injured worker has attempted nor failed a trial of transcutaneous electrical nerve stimulation. As such, the injured worker does not meet the criteria for a trial of H-wave. Nevertheless, records indicate a 38 day trial with the device was conducted. Per guidelines, the use of an H-wave device for longer than a 30 day trial should be justified by documentation revealing pain relief and functional improvement. Records indicate the injured worker was not able to decrease medications as a result of HWT use and reports an improvement of only 10%. Based on the clinical information submitted for review, medical necessity of an H-wave device for the neck and shoulder is not established.