

Case Number:	CM14-0041416		
Date Assigned:	06/20/2014	Date of Injury:	05/20/2010
Decision Date:	06/29/2015	UR Denial Date:	03/06/2014
Priority:	Standard	Application Received:	03/14/2014

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. 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: California

Certification(s)/Specialty: Physical Medicine & Rehabilitation

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 45 year old male, who sustained an industrial injury on 5/20/2010. He reported a trip and fall while carrying a ladder with injury to the neck Diagnoses include cervical radiculopathy, bilateral shoulder impingement syndrome, status post left shoulder arthroscopy, and cervical disc degeneration and stenosis; status post cervical discectomy and fusion with cage and instrumentation. Treatments to date include medication management, physical therapy, and activity modification. Currently, he complained of pain in the neck with radiation into shoulders and was rated 6/10 VAS. Eleven post operative physical therapy sessions had been completed. On 1/14/14 the physical examination documented a well healed surgical incision. There was no tenderness in the cervical spine. Sensation was noted to be intact bilaterally. There was decreased cervical range of motion. The plan of care included a request to authorize an H-wave unit for a thirty day trial.

IMR ISSUES, DECISIONS AND RATIONALES

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

Purchase of an H-wave, lumbar: 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 Transcutaneous Electrotherapy, H-Wave Stimulation Page(s): 115-118.

Decision rationale: Per guidelines, H-wave 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 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 (i.e., exercise) and medications, plus transcutaneous electrical nerve stimulation (TENS). Submitted reports have not demonstrated having met these criteria and the patient is continuing with a HEP. The Purchase of an H-wave, lumbar is not medically necessary and appropriate.