

Case Number:	CM15-0118315		
Date Assigned:	06/26/2015	Date of Injury:	06/13/2013
Decision Date:	07/29/2015	UR Denial Date:	06/17/2015
Priority:	Standard	Application Received:	06/18/2015

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: North Carolina
 Certification(s)/Specialty: Family Practice

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 female who sustained an industrial injury on 06/13/2013. Mechanism of injury occurred when she tried to pull something or turned the wrong way and noted increased right shoulder pain. Diagnoses include frozen shoulder, and cervical spondylosis with multilevel spinal stenosis. Treatment to date has included diagnostic studies, medications, massage therapy, acupuncture, physical therapy, functional pain program, injections and use of a Transcutaneous Electrical Nerve Stimulation unit. Unofficial report of a Magnetic Resonance Imaging of the right shoulder showed subacromial bursitis, and an Electromyography revealed mild right carpal tunnel syndrome. On 02/14/2014 a Magnetic Resonance Imaging of the cervical spine showed trivial annular bulges without central canal or proximal foraminal stenosis, and C5-C6 shows moderate annular bulges with left paracentral disc protrusion and central stenosis and foraminal stenosis C6-C7 shows moderate annular bulge with central stenosis and foraminal stenosis. There was an additional industrial accident in 2006 involving her left shoulder. At this time her current medications include Norco, Gabapentin and Celebrex and various creams. The most recent physician note dated 01/05/2015 was a psychological Evaluation and Treatment Report that documents the injured worker has pain in her right shoulder radiating up to the neck averaging 5 to 7 out of 10, 8 to 9 at its worse and 3 to 4 at its best. Her left shoulder pain does not extend to the neck and is generally less painful than the right. She gets headaches off and on as a result of neck posture. Treatment requested is for Home, H-wave Device, and Purchase.

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: Decision based on MTUS Chronic Pain Treatment Guidelines H-wave stimulation (HWT).

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

Decision rationale: The California chronic pain medical treatment guidelines section on H-wave stimulation therapy states: H-wave stimulation (HWT) 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 (Julka, 1998) (Kumar, 1997) (Kumar, 1998), 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). In a recent retrospective study suggesting effectiveness of the H-wave device, the patient selection criteria included a physician documented diagnosis of chronic soft-tissue injury or neuropathic pain in an upper or lower extremity or the spine that was unresponsive to conventional therapy, including physical therapy, medications, and TENS. (Blum, 2006) (Blum 2, 2006) There is no evidence that H-Wave is more effective as an initial treatment when compared to TENS for analgesic effects. A randomized controlled trial comparing analgesic effects of H wave therapy and TENS on pain threshold found that there were no differences between the different modalities or HWT frequencies. (McDowell2, 1999) [Note: This may be a different device than the H-Wave approved for use in the US.] The clinical documentation for review does not include a one month trial of H wave therapy with objective measurable improvements. Therefore criteria for a home unit purchase have not been met and the request is not medically necessary.