

Case Number:	CM15-0043342		
Date Assigned:	03/13/2015	Date of Injury:	08/01/2009
Decision Date:	04/22/2015	UR Denial Date:	02/17/2015
Priority:	Standard	Application Received:	03/06/2015

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: California, District of Columbia, Maryland
 Certification(s)/Specialty: Anesthesiology, Pain Management

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 49 year old female who received an industrial injury on 08/01/2009. The injury is documented as a cumulative trauma while working as a bank teller. The provider notes the injured worker developed bilateral carpal tunnel syndrome, neck and low back pain radiating to arms and right leg pain. Treatment to date includes MRI, nerve studies, TENS unit, injection in right shoulder, surgical intervention, neck pillow, H-Wave machine, chiropractic treatment, referral to neurologist, physical therapy and two trigger point injections around the shoulder blades. Surgery included rotator cuff repair and labral repair with improvement. On 12/30/2014 she presented for follow up. Documentation by the provider notes she complained of pain and exhibited impaired activities of daily living. She had utilized home H-Wave at no cost for evaluation purposes from 07/15/2014 to 11/05/2014. Results of the H-Wave treatment are documented as the ability to perform more activity and greater overall function. The injured worker had commented: "I'm happy because I feel the swelling has gone down and I'm able to sleep better at night. She was using the H-Wave 2 times per day 7 days per week, 30-45 minutes each session. The provider requested purchase of home H-Wave device and system two times per day at 30-60- minutes per treatment as needed. The provider documents the injured has not sufficiently improved with conservative care. Diagnoses included discogenic cervical condition with disc disease from cervical 3 - cervical 7, impingement syndrome of shoulder on the right with rotator cuff tear, rotator cuff repair, labral repair and modified Mumford procedure, discogenic lumbar condition and mild element of carpal tunnel syndrome on the right side.

IMR ISSUES, DECISIONS AND RATIONALES

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

Trial of H Wave, QTY: 1: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines H-Wave stimulation (HWT) Page(s): 171-172.

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

Decision rationale: The MTUS guidelines indicates that the use of an H wave stimulator should be justified by failure of previous conservative treatments to include therapy, medications, and the use of a TENS unit. The attached medical record does indicate that there has been prior usage of a tens unit with success in the most recent progress note dated April 23, 2014 recommends its continued usage. There is also a request for chiropractic care at that time. Considering the success of prior and current treatment as well as plans for additional conservative therapy, this request for the trial of an H wave stimulator is not medically necessary.