

Case Number:	CM15-0092834		
Date Assigned:	05/19/2015	Date of Injury:	08/22/2012
Decision Date:	06/19/2015	UR Denial Date:	05/11/2015
Priority:	Standard	Application Received:	05/14/2015

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 47 year old female, who sustained an industrial injury on 08/22/2012. She has reported subsequent neck, upper extremity and shoulder pain and was diagnosed with displacement of cervical intervertebral disc, brachial neuritis/radiculitis, unspecified disorder of bursae tendons of the shoulder and carpal tunnel syndrome. Treatment to date has included oral pain medication, TENS unit and physical therapy. In a progress note dated 05/04/2015, the injured worker complained of neck, right shoulder girdle and arm pain with hand paresthesias. Objective findings were notable for limited range of motion of the cervical spine, tenderness to palpation in the mid cervical spine to the right upper back multiple tender spots and trigger points of the right cervical occipital paraspinals and upper trapezius, decreased range of motion of the right shoulder, positive Hawkin's and Neer's signs and positive Tinel's sign. A request for authorization of H wave trial for 30 days for the right wrist, right shoulder and cervical spine was submitted.

IMR ISSUES, DECISIONS AND RATIONALES

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

H-Wave Trial for 30 days for the right wrist, right shoulder, and cervical spine: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines H-Wave Stimulation.

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

Decision rationale: The California MTUS section on H-wave therapy states: 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). The request meets criteria as outlined above and therefore is certified.