

Case Number:	CM14-0064545		
Date Assigned:	07/02/2014	Date of Injury:	12/03/2010
Decision Date:	09/11/2015	UR Denial Date:	03/24/2014
Priority:	Standard	Application Received:	04/11/2014

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: Arizona, California

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 57 year old male who sustained an industrial injury on 12-3-10. Diagnoses are carpal tunnel syndrome, bilateral ulnar neuropathy, degenerative joint disease-left shoulder, degenerative joint disease-cervical, intervertebral disc disorder-lumbar, degenerative disc disease-lumbar, radiculopathy-lumbar, and impingement syndrome-shoulder. In a progress report dated 3-17-14, the primary treating physician notes he has decreased range of motion in the lumbar spine. Straight leg raise is positive in a seated position at 60 degrees. He ambulates with a single point cane. The left shoulder has limited range of motion at 170 degrees abduction and flexion. Work status is permanent and stationary. An H-wave compliance and outcome report of 40-day use dated 3-18-14, reveals use is for the low back. The H-Wave is noted to have helped more than prior treatment. Prior treatment was physical therapy and medications. H-Wave has not allowed for a decrease in medication. It has allowed for an increase in activity such as sleeping better, sitting and standing longer, and walking farther. Pain level before H-Wave use was rated at 7 out of 10. There was a 50 percent improvement reported with H-Wave use. The requested treatment is an H-Wave unit and supplies for 3 months, rental or purchase.

IMR ISSUES, DECISIONS AND RATIONALES

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

H-wave unit and supplies x 3 months (rental or 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 Page(s): 117.

Decision rationale: According to the guidelines an H-wave unit is not recommended but a one month trial may be considered for diabetic neuropathic pain and chronic soft tissue inflammation if used with a functional restoration program including therapy, medications and a TENS unit. There is no evidence that H-Wave is more effective as an initial treatment when compared to TENS for analgesic effects. In fact, H-wave is used more often for muscle spasm and acute pain as opposed to neuropathy or radicular pain. In this case, the claimant did not have the interventions noted above. The claimant had been on the H-wave for several months which exceeds the guidelines limit. Therefore, the request for an additional 3 months use of an H-wave unit is not medically necessary.