

Case Number:	CM13-0011611		
Date Assigned:	11/08/2013	Date of Injury:	01/01/1990
Decision Date:	01/16/2014	UR Denial Date:	07/18/2013
Priority:	Standard	Application Received:	08/15/2013

HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to a physician reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The physician reviewer is Board Certified in Physical Medicine and Rehabilitation has a subspecialty in Pediatric Rehabilitation Medicine and is licensed to practice in Illinois, Indiana and Texas. 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 physician 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/services.

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 patient is a 52-year-old female with a reported date of injury on 09/30/2013. The patient presented with pain which impaired her activities of daily living. It was noted the patient utilized a TENS unit prior which gave the patient no relief, and the TENS unit was used in the home. The patient had diagnoses including sciatica and sprain of the lumbar region. The provider's treatment plan included a request for an H-wave device purchase.

IMR ISSUES, DECISIONS AND RATIONALES

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

DME: H-wave device purchase: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines : H-wave stimulation (HWT) Page(s): 117-118.

Decision rationale: 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). The one-month HWT trial may be appropriate to permit the physician and provider licensed to provide physical therapy to study the effects and benefits, and it should be documented (as an adjunct to ongoing treatment modalities within a functional

restoration approach) as to how often the unit was used, as well as outcomes in terms of pain relief and function. Rental would be preferred over purchase during this trial. A letter from the patient was included in the medical records which noted the patient utilized the H-wave for "a couple of weeks." The patient reported she did seem to have some relief in the lumbar area but she would need more time to really see if the H-wave continued to help decrease her pain. Per the provided documentation, it did not appear the patient had undergone a 1 month home based trial of H-wave stimulation. There was no documentation of pain relief, VAS scores, or other significant objective measures to demonstrate the efficacy of the H-wave therapy. Additionally, the requesting physician did not include an adequate and full assessment of the patient's objective functional condition in order to demonstrate deficits needing to be addressed with H-wave therapy. Therefore, the request for H-wave device purchase is neither medically necessary nor appropriate.