

Case Number:	CM13-0014013		
Date Assigned:	10/07/2013	Date of Injury:	03/04/2010
Decision Date:	01/29/2014	UR Denial Date:	07/31/2013
Priority:	Standard	Application Received:	08/20/2013

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 & Rehabilitation and is licensed to practice in California. 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. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

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 45-year-old male with a reported date of injury on 03/04/2010. The patient presented with pain to the left elbow and shoulder, marked tenderness at the biceps distal and brachialis, and left shoulder cramping. The patient had diagnoses including status post ruptured spleen, left elbow fracture, thoracic strain, lumbar strain, post-traumatic stress disorder, and left shoulder SLAP tear. The patient's treatment plan consisted of a request for an H-wave home care system purchase

IMR ISSUES, DECISIONS AND RATIONALES

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

H-wave homecare system - 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 stimulation (HWT) Page(s): 117-118.

Decision rationale: The California MTUS Guidelines note H-Wave is 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, 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. Within the provided documentation, it was noted H-wave helped the patient's elbow and shoulder a lot. However, within the provided documentation it was unclear if the patient had undergone a 1 month home-based H-wave trial. The requesting physician did not include adequate documentation of significant objective functional improvement with the use of the H-wave. Therefore, the request for H-wave home care system purchase is neither medically necessary, nor appropriate.