

Case Number:	CM13-0022003		
Date Assigned:	11/13/2013	Date of Injury:	06/22/2012
Decision Date:	02/03/2014	UR Denial Date:	08/06/2013
Priority:	Standard	Application Received:	09/10/2013

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 Pain Management 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:

This is a female patient with a date of injury of June 22, 2012. A utilization review determination dated August 6, 2013 recommends noncertification for H-wave device X3 months. A progress report dated June 18, 2013 is a form with check boxes. Boxes checked indicate that the patient complains of pain, exhibits impaired range of motion, and exhibits impaired activities of daily living. Treatment plan recommends a 30 day evaluation trial of H-wave. Boxes are checked indicating that the patient has already tried physical therapy, medication, clinical or home trial of TENS, and the TENS is not indicated. Another form indicates that TENS has been tried in clinic and did not provide adequate relief. A survey completed on July 8, 2013 has boxes checked indicating that H-wave has decreased the amount of medication used, and allows the patient to lift more, and do more housework. The note has a 40% improvement identified. The patient used the device one time per day for 7 days a week. A progress report dated July 25, 2013 states, "objective/subjective findings after use of home H-wave: the patient reported the following observations after one initial treatment with home H-wave. On a scale of 10, pain level dropped from 4 to 3 for a 25% improvement. On a scale of 10, range of motion and/or function improved from 7 to 6 or 14%. Overall, the patient stated that the range of motion and or function increased."

IMR ISSUES, DECISIONS AND RATIONALES

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

Home H-Wave device for 3 months to the right shoulder: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines H-Wave stimulation. Page(s): 117.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 114 & 117-118.

Decision rationale: Regarding the request for H-wave unit, Chronic Pain Medical Treatment Guidelines state that electrotherapy represents the therapeutic use of electricity and is another modality that can be used in the treatment of pain. Guidelines go on to state that H-wave stimulation 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 and medications plus transcutaneous electrical nerve stimulation. Within the documentation available for review, there is no documentation as to how the TENS unit trial was performed. There is no indication as to how frequently the patient used a TENS unit, what the duration of the trial was, and what the outcome of the trial was with specific information regarding function and medication use. Additionally, there is conflicting information regarding the patient's H-wave trial. The patient states that the H-wave was used for an extended period of time, while the physician's note indicates that the H-wave was used for one day. The patient's note indicates 40% improvement, while the physician's note identifies 14 to 25% improvement. In the absence of clarity regarding the above issues, the currently requested H-wave device is not medically necessary.