

Case Number:	CM13-0024918		
Date Assigned:	04/25/2014	Date of Injury:	05/05/2010
Decision Date:	06/10/2014	UR Denial Date:	08/15/2013
Priority:	Standard	Application Received:	09/16/2013

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. The expert reviewer is Board Certified in Neurology has a subspecialty in Neuromuscular Medicine 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 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/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 sustained a work related injury on May 5 2010. Subsequently, he developed a chronic left knee pain. According to a note dated on July 16 2013, the left knee pain was reduced with TENS by 60% for one day. H wave reduced the patient pain by 1-2 points. The patient has a history of right wrist pain for which he underwent a ganglion removal. The provider requested authorization for Home H wave device.

IMR ISSUES, DECISIONS AND RATIONALES

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

3 ADDITIONAL MONTHS RENTAL OR PURCHASE OF HOME H-WAVE DEVICE;;
Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines H WAVE STIMULATION Page(s): 117-118.

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

Decision rationale: According to MTUS guidelines, H-wave stimulation is not recommended in isolation. It could be used in diabetic neuropathy and neuropathic pain and soft tissue pain after failure of conservative therapies. There is no controlled supporting its use in radicular pain. There is no documentation that the request of H-wave device is prescribed with other pain management

strategies. Furthermore, there is no clear evidence for the need of H-wave therapy. There is no documentation of patient tried and failed conservative therapy. There is no documentation of failure of first line therapy and conservative therapies including pain medications and physical therapy. Therefore the request for 3 additional months rental or purchase of home H-wave device is not medically necessary and appropriate.