

Case Number:	CM13-0034019		
Date Assigned:	12/06/2013	Date of Injury:	01/21/2013
Decision Date:	04/09/2014	UR Denial Date:	10/02/2013
Priority:	Standard	Application Received:	10/11/2013

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 male patient with a date of injury of January 21, 2013. A utilization review determination dated October 2, 2013 recommends noncertification of home H wave device. An H wave request template dated September 17, 2013 has boxes checked indicating that the patient complains of pain, impaired range of motion, and impaired activities of daily living. The diagnosis is written in as left shoulder. Nonspecific treatment goals are explained, and the treatment plan requests a 30 day evaluation trial of H wave. There are boxes available identifying what previous treatments has been attempted, none of them are checked. An additional template dated September 9, 2013 has boxes checked indicating that the patient underwent physical therapy, medication, and TENS unit. The note seems to indicate that the patient underwent a 20 minute TENS trial. An additional report dated October 9, 2013 indicates that the patient underwent a 2 week home use H wave trial which decreased medication use, allowed the patient to lift more and sleep better, and improved recovery after physical therapy. The note indicates that the patient uses the H wave 2 times a day, 7 days a week, with 50% improvement. A report dated October 15, 2013 indicates that the patient has undergone 20 days of use.

IMR ISSUES, DECISIONS AND RATIONALES

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

HOME H-WAVE DEVICE (1-2 TIMES DAILY FOR 3-0-60 MIN EACH SESSION OR AS NEEDED) (E1399): Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation American College of Occupational and Environmental Medicine (ACOEM) Guidelines; California MTUS; Blum K, Chen THJ & Ross BD, Kumar D, and Marshall HJ

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 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, it is unclear whether the patient underwent a 30 day tens unit trial as recommended by guidelines. There is no statement indicating how frequently the tens unit was used, and what the outcome of that tens unit trial was for this specific patient. In the absence of such documentation, the currently requested H wave device is not medically necessary.