

Case Number:	CM13-0037008		
Date Assigned:	12/13/2013	Date of Injury:	09/12/2011
Decision Date:	02/13/2014	UR Denial Date:	10/08/2013
Priority:	Standard	Application Received:	10/22/2013

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 and is licensed to practice in New York 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. 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 65-year-old female who reported a work-related injury on 09/12/2011 as a result of a fall. The patient currently presents for treatment of the following diagnoses: adhesive capsulitis of the shoulder, post concussion syndrome, abnormality of gait, disorders of bursae and tendons in the shoulder region unspecified, closed fracture of unspecified part of upper end of humerus, and chronic pain. The clinical documentation submitted for review reports that the patient utilized an H-Wave trial as of 05/31/2013. The provider documents 178 days of use were implemented. The provider documents the patient is not utilizing any medications for her pain complaints, rates her pain as a 6/10, and reports 95% improvement with utilization of an H-Wave. A clinical note dated 01/08/2014 reports the patient rates her current rate of pain at a 3/10 with use of an H-Wave and 7/10 without an H-Wave. The patient reports significant positive efficacy with use of this medication.

IMR ISSUES, DECISIONS AND RATIONALES

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

Home H-wave device: Overturned

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

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

Decision rationale: The California MTUS indicate H-wave stimulation is not recommended as an isolated intervention, but a 1 month home-based trial of H-wave stimulation may be considered as a non-invasive 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 to include recommended physical therapy, medications, and transcutaneous electrical nerve stimulation. The clinical notes document the patient utilized a TENS unit for a short period of time with poor efficacy noted. The patient presents with a chronic pain condition, and currently continues to utilize no oral analgesics for her pain complaints, as a result of positive efficacy noted with use of an H-wave device. Given the patient's report of significant improvement in her pain level, as well as objective functionality to complete activities of daily living with utilization of this durable medical equipment, the request for a home H-Wave device is medically necessary and appropriate.