

Case Number:	CM13-0038700		
Date Assigned:	07/02/2014	Date of Injury:	06/28/2011
Decision Date:	08/13/2014	UR Denial Date:	09/19/2013
Priority:	Standard	Application Received:	10/01/2013

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 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 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 injured worker is a 53-year-old female who reported an injury on 06/28/2011 due to an unknown mechanism of injury. The injured worker complained of pain to her left buttock rated 5/10, and pain to her neck and shoulders. On 05/21/2013, the physical exam revealed cervical and lumbar spine tenderness with painful range of motion. According to the documentation dated 08/27/2013, the injured worker had an MRI of the shoulders on 07/29/2013, which revealed mild acromioclavicular osteoarthritis, and mild subdeltoid bursitis. The injured worker had diagnoses of left shoulder sprain/strain, cervical spine sprain/strain, lumbar sprain/strain, left lower extremity radiculopathy, and sprain of neck. On 8/29/2013, the injured worker stated that after one initial treatment of the H-wave stimulation, her pain level dropped from 7/10 to 5/10 for a 29% improvement. On a scale of 10 range of motion and/or function improved from 6 to 5 or 17%. On 9/24/2013, the injured worker completed a patient compliance and outcome report/survey of 98 days of use of the H-wave device. She stated that the H-Wave device helped her more than previous treatment methods. She was able to sleep better, and it allowed her to decrease her intake of medication. The past treatment methods included physical therapy, chiropractic therapy, and medications. The injured worker's medication included Terocin 240 mL, flurbi 180 grams, Somnicin, Laxacin, and gabacyclotram 180 grams. The current treatment plan was for home H-Wave device for 3 months' rental (date of service 09/06/2013). The rationale was not provided with the request. The Request for Authorization form was dated 05/21/2013.

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 THREE (3) MONTHS RENTAL (DOS:09/06/2013):
Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines : CHRONIC PAIN MEDICAL TREATMENT GUIDLINES, H-WAVE STIMULATION (HWT) Page(s): 117-118.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines H-wave stimulation (HWT) Page(s): 117-118.

Decision rationale: The request for home H-Wave device for 3 months' rental (date of service 09/06/2013) is non-certified. The injured worker has a history of pain to her neck, shoulders, and left buttock. The CAMTUS guidelines state that H-Wave stimulation (HWT) 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. The documentation provided indicated that the H-Wave unit helped the injured worker more than previous treatment methods. She was able to sleep better, and it allowed her to decrease her intake of medication. However, there is a lack of documentation to support that the injured worker is performing a program of evidence-based functional restoration. In addition, the request for a 3 months rental exceeds the guideline recommendations. Given the above, the request for home H-Wave device for 3 months' rental (date of service 09/06/2013) is non-certified.