

Case Number:	CM13-0042011		
Date Assigned:	12/20/2013	Date of Injury:	10/26/2007
Decision Date:	05/06/2014	UR Denial Date:	10/04/2013
Priority:	Standard	Application Received:	10/15/2013

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 ABFP, has a subspecialty in ABPM 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 is a 62 yr. old male that sustained a work injury on 10/26/07 involving the neck, right shoulder and right knee. He was found to have a right Meniscal tear and stenosis of C4-C5 and C5-C6. He underwent arthroscopy of the knee. He used oral analgesics for pain management. He had chiropractic treatment of his cervical spine. An exam note on 3/25/13 indicated he had shooting pain the neck radiating to the lower extremities. He had paraspinal tenderness, reduced range of cervical motion with normal neurological findings. The claimant did not want to undergo any surgery. The treating physician ordered an H-wave therapy for a 30 day trial to improve pain and range of motion.

IMR ISSUES, DECISIONS AND RATIONALES

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

RENTAL - H-WAVE UNIT (30 DAY TRIAL) #1: Upheld

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

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

Decision rationale: 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 (Julka, 1998) (Kumar, 1997) (Kumar, 1998), 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 (i.e., exercise) and medications, plus transcutaneous electrical nerve stimulation (TENS). In a recent retrospective study suggesting effectiveness of the H-wave device, the patient selection criteria included a physician-documented diagnosis of chronic soft-tissue injury or neuropathic pain in an upper or lower extremity or the spine that was unresponsive to conventional therapy, including physical therapy, medications, and TENS. In this case, there was no documentation of TENS use. As a result, until TENS failure along with therapy and medications fails to show improvement, an H-wave is not medically necessary.