

Case Number:	CM13-0052205		
Date Assigned:	12/27/2013	Date of Injury:	07/13/2011
Decision Date:	04/30/2014	UR Denial Date:	11/14/2013
Priority:	Standard	Application Received:	11/15/2013

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 Physical Medicine & Rehabilitation and is licensed to practice in Texas and Oklahoma. 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 49-year-old male who reported an injury on 07/13/2011. The mechanism of injury was not provided in the medical records. The injured worker has an extensive history of treatment due to multiple injury claims, but was most recently noted to have received a ganglionectomy of the right wrist, on 08/23/2012. Initially, the injured worker was responding well to physical therapy; however, he had a recurrence of pain symptoms and was prescribed a course of H-wave therapy and medications. There was no other information submitted for review.

IMR ISSUES, DECISIONS AND RATIONALES

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

H-WAVE HOME UNIT (PURCHASE): Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines H-Wave Stimulation (HWT), Page(s): 117-118.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Transcutaneous Electrotherapy Page(s): 117-118.

Decision rationale: The California MTUS/ACOEM Practice Guidelines recommend H-wave therapy as an adjunct treatment for diabetic neuropathic pain or chronic soft tissue inflammation. Generally, H-wave is prescribed after a failure of a TENS trial. Although the clinical information

indicated that the injured worker had failed a trial of TENS, there was no evidence in the documentation submitted for review that the injured worker did, indeed, try and fail a home trial of TENS treatment. In addition, the H-wave device is approved to treat diabetic neuropathic pain or chronic soft tissue inflammation if used with physical therapy, and for an initial 30-day home-based trial. The clinical information submitted for review did not provide evidence that the injured worker received unequivocal benefit from his trial of H-wave therapy; each clinical note stated that the injured worker's pain symptoms increased or worsened, while simultaneously stating that the H-wave therapy was providing relief. In addition, there were no functional measurements providing objective evidence that the injured worker was in fact, receiving benefit from H-wave therapy and no accompanying decrease in medication use. Without this information, the H-wave therapy cannot be determined effective, and medical necessity has not been established. As such, the request for H-wave home unit (purchase) is non-certified.

PACKETS OF ELECTRODES QTY: 3: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines H-Wave Stimulation (HWT), Page(s): 117-118.

MAXIMUS guideline: The Expert Reviewer did not cite any medical evidence for its decision.

Decision rationale: Since the primary procedure is not medically necessary, none of the associated services are medically necessary.

CONDUCTIVE GEL: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines H-Wave Stimulation (HWT), Page(s): 117-118.

MAXIMUS guideline: The Expert Reviewer did not cite any medical evidence for its decision.

Decision rationale: Since the primary procedure is not medically necessary, none of the associated services are medically necessary.