

Case Number:	CM13-0054494		
Date Assigned:	12/30/2013	Date of Injury:	11/24/2008
Decision Date:	03/15/2014	UR Denial Date:	10/15/2013
Priority:	Standard	Application Received:	11/19/2013

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 Emergency Medicine, and is licensed to practice in New York and Tennessee. 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 56-year-old female who was injured on November 24, 2008, when she fell while carrying a box, landing on her knees. The patient continued to experience pain in her neck, low back, hips, and knees. Diagnoses included left knee osteoarthritis, cervicothoracic derangement with cervicogenic headaches, right knee pain syndrome, bilateral hip trochanteric bursitis, and lumbosacral pain syndrome. Treatment included medications, left total knee arthroplasty, home exercise program, TENS unit, physical therapy, and medications. The patient had a trial with H-wave unit. She reported 13% improvement in function and decrease in pain from 6/10 to 4/10. Request for authorization of purchase of one home H-Wave device for symptoms related to bilateral knees and hips was received on October 7, 2013.

IMR ISSUES, DECISIONS AND RATIONALES

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

Purchase of 1 home H-Wave device: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 13 Knee Complaints.

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

Decision rationale: 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, and only following failure of initially recommended conservative care, including recommended physical therapy (i.e., exercise) and medications, plus transcutaneous electrical nerve stimulation (TENS). There is no evidence that H-Wave is more effective as an initial treatment when compared to TENS for analgesic effects. A randomized controlled trial comparing analgesic effects of H- wave therapy and TENS on pain threshold found that there were no differences between the different modalities or HWT frequencies. The one-month HWT trial may be appropriate to permit the physician and provider licensed to provide physical therapy to study the effects and benefits, and it should be documented (as an adjunct to ongoing treatment modalities within a functional restoration approach) as to how often the unit was used, as well as outcomes in terms of pain relief and function. Trial periods of more than one month should be justified by documentation submitted for review. While H-Wave and other similar type devices can be useful for pain management, they are most successfully used as a tool in combination with functional improvement. Functional improvement is defined as a clinically significant improvement in activities of daily living or a reduction in work restrictions. While the patient had experienced moderate relief of pain mild increase in range of motion, documentation of objective improvement is not present. The patient had not decreased her medications. She continues to experience pain and impaired activities of daily living. The documentation in the medical record does not support significant functional improvement. Medical efficacy has not been established.