

Case Number:	CM13-0065796		
Date Assigned:	01/03/2014	Date of Injury:	01/20/2012
Decision Date:	04/18/2014	UR Denial Date:	12/05/2013
Priority:	Standard	Application Received:	12/13/2013

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, has a subspecialty in Sports Medicine and is licensed to practice in 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 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 52-year-old female who reported an injury on 01/20/2012. The mechanism of injury was not provided. The note dated 12/05/2013 indicated the patient reported she continued to have some discomfort more in her parascapular region. The patient reported her range of motion had improved slightly. The patient reported continued stiffness. The patient reported that she was able to forward elevate slightly more with the H-wave and her therapy. The patient reported numbness and tingling in her right hand. Upon examination, forward elevation was 125 degrees, which was noted to have improved from her previous visit. It was noted the patient had improved internal and external rotation. Semmes-Weinstein monofilament testing was utilized to assess feeling in the right hand; threshold was 4.31 in the medial distribution and 4.56 in the ulnar nerve distribution. The H-wave patient compliance and outcome report dated 11/13/2013 indicated there had been 34 days of use of the H-wave unit. It was indicated that the H-wave had helped the patient more than prior to treatment. Other treatments used prior to home H-wave was physical therapy and medication. It was noted that the H-wave allowed the patient to decrease the amount of medication that she was taking and increase daily activities such as housework.

IMR ISSUES, DECISIONS AND RATIONALES

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

CONTINUED RENTAL OF H-WAVE FOR 3 MONTHS: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines H-wave stimulation (HWT) Page(s): 171-172.

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

Decision rationale: The request for continued rental of H-wave, 3 months is certified. The California MTUS states while H-wave and other similar type of devices can be useful for pain management, they are most successful used as a tool in combination with functional improvement. A recent low quality meta-analysis concluded that the findings indicate a moderate to strong effect of the HWave device in providing pain relief, reducing the requirement for pain medication and increasing functionality, with the most robust effect observed for improved functionality, suggesting that the H-Wave device may facilitate a quicker return to work and other related daily activities. The records submitted for review included documentation that the H-wave had helped the patient more than prior treatment. The documentation indicated the patient was able to decrease her medication and increase her daily activities such as housework. As such, the request for continued rental of H-wave, 3 months is supported. Therefore, the request is certified.