

Case Number:	CM13-0068713		
Date Assigned:	01/03/2014	Date of Injury:	01/07/2013
Decision Date:	10/01/2014	UR Denial Date:	11/26/2013
Priority:	Standard	Application Received:	12/20/2013

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 and Rehabilitation, has a subspecialty in Pain Medicine 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 72 year old female with an original date of injury on 1/7/2013. The mechanism of injury was a fall downstairs. The patient sustained fractures to the right humerus and right tibia. The patient had open reduction internal fixation of the right tibia on January 20, 2013. The disputed issue is a request for a H-wave stimulation device. A utilization review determination recommended non-certification on the grounds that the claimant had not trialed a TENS unit or even had an H-wave stimulation trial to warrant purchase of this device.

IMR ISSUES, DECISIONS AND RATIONALES

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

H-Wave Unit: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines H wave stimulation Section Page(s): 117-8.

Decision rationale: The CA MTUS specifies on page 117-118 of the Chronic Pain Medical Treatment Guidelines the following regarding H-wave stimulation (HWT): "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)."The submitted documentation in this case failed to provide evidence of a trial of TENS, a more traditional form of cutaneous stimulation of which a failed trial is necessary in order to warrant H-wave stimulation. Numerous physical therapy are included but fail to document a failure of a complete TENS trial. In fact, a progress note on 9/27/13 makes reference to the progress made through therapeutic exercise, but does not mention any TENS usage. Given these factors, this is not recommended.