

Case Number:	CM13-0072073		
Date Assigned:	01/08/2014	Date of Injury:	04/19/2005
Decision Date:	05/29/2014	UR Denial Date:	12/18/2013
Priority:	Standard	Application Received:	12/30/2013

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 Family Practice and is licensed to practice in New Jersey. 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 worker is a 68 year old woman with chronic pain in her hip related to a bone graft procedure performed during her cervical fusion surgery on 6/23/09. The pain in her hip later limited her ability to walk. She was prescribed physical therapy, which was started on 9/11/13, and she had been using oral medications to help treat the pain including Tylenol #3 and Xanax. During her physical therapy sessions, both the TENS and H-wave devices were used a few times each, of which the worker noticed that the H-wave device alleviated the pain in her hip much better than the TENS. According to the physical therapy notes provided, the worker experienced fair improvements in pain and function with the therapy over 12 sessions. Her function with walking improved over this course of therapy from only being able to walk around the house to being able to walk in community distances with pain ranging from 0-8/10 before therapy and ending with 0-6/10 with her last physical therapy session on 10/29/13 with competence with her home exercises and a better knowledge of how to prevent the pain. She was still unable to ambulate on an inclined treadmill by the end of therapy without pain, however. A request for a trial of the H-wave device for one month was requested.

IMR ISSUES, DECISIONS AND RATIONALES

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

RENTAL OF HOME H-WAVE DEVICE: Overturned

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
TRANSCUTANEOUS ELECTROTHERAPY.

Decision rationale: The Chronic Pain Medical Treatment Guidelines in the MTUS state that H-wave devices are not recommended as an isolated intervention, but a one-month home-based trial of H-Wave stimulation for up to one month may be considered as a non-invasive 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 including exercise, medications, plus transcutaneous electrical nerve stimulation (TENS). When using the H-wave stimulation device for this one month trial, MTUS states that it may be warranted to combine physical therapy during this period in order to help assess for any functional improvement. To justify continued use of the device, the provider needs to document improvements in function related to the devices use. In the case of this worker, she experienced significant pain relief in her hip each of the few times she used the H-wave device during some of her physical therapy sessions, according to the notes. Although she showed functional improvement with the overall treatment regimen done with the physical therapist, which included the use of the H-wave device, no separation was made how the H-wave device contributed to this improvement in the therapy notes provided. The patient reached a limit to how much improvement from oral medications and physical therapy, and she essentially failed TENS as stated in the physical therapy notes provided. Although the worker didn't have diabetic neuropathy or what might be considered specifically chronic soft tissue inflammation, according to the notes, her bony/soft tissue pain which had been uncategorized by her treating physician still responded to the H-wave device in supervised trial. Because the worker had not used the device regularly enough and did not use it at home on a regular basis with follow-ups to assess improvements in function, it seems reasonable to allow her a one month home trial of the H-wave device, with an possible extension contingent on resubmission for approval with proof of functional improvement with its use in addition to the other methods she may use such as home exercise and oral pain medications. Therefore, the trial rental of an H-wave device for one month duration is medically acceptable and medically necessary.