

Case Number:	CM14-0000683		
Date Assigned:	01/17/2014	Date of Injury:	03/09/2002
Decision Date:	05/29/2014	UR Denial Date:	12/23/2013
Priority:	Standard	Application Received:	01/02/2014

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 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 patient has filed a claim for sprain and strain of the shoulder and upper arm, associated with an industrial injury date of March 9, 2002. The utilization review from December 23, 2013 denied the request for H-wave home purchase due to lack of documentation concerning increased work performance, unclear current functional status, and no documentation concerning inadequacy of a home exercise program. The treatment to date has included h-wave trial, physical therapy, medications, chiropractic treatment, epidural steroid injections, and acupuncture. The medical records from 2013 through 2014 were reviewed showing the patient complaining of neck, arm, thoracic, and lumbar pain. The patient has been on an H-wave trial and has reported decrease in Flexeril use from 3/day to 2/day. The pain has remained stable at 7/10 with 60% relief on medications. Objectively, the patient's thoracic and lumbar spines were tender with notable paraspinal spasms and twitch response. Range of motion is likewise affected and reduced. The medications were noted to provide 60% pain relief.

IMR ISSUES, DECISIONS AND RATIONALES

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

DME: PURCHASE OF HOME H-WAVE DEVICE: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines.

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

Decision rationale: As stated in the California MTUS Chronic Pain Medical Treatment Guidelines, H-wave stimulation is not recommended as an isolated intervention, but a one month trial may be considered if used as an adjunct to a program of evidence-based functional restoration. There should be a failure of conventional therapy, including physical therapy, medications, and transcutaneous electrical nerve stimulation (TENS) unit prior to consideration of a trial. In this case, the documentation contains a vendor note concerning outcome evaluation of the H-wave unit which showed functional improvement from the patient. However, the clinical note only described a decrease in the use of Flexeril; there were no other discussions concerning functional improvements derived from the use of the H-wave unit such as improved work functions or decreased work limitations. There was a noted 60% pain relief attributed to medications. Therefore, the request for a purchase of a home H-wave unit is not medically necessary.