

Case Number:	CM14-0012826		
Date Assigned:	02/24/2014	Date of Injury:	03/21/2012
Decision Date:	06/26/2014	UR Denial Date:	01/02/2014
Priority:	Standard	Application Received:	01/31/2014

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 and 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:

According to the records made available for review, this is a 61-year-old female with a 3/21/12 date of injury. At the time of request for authorization for home H-wave device, there is documentation of subjective findings of neck, shoulder, and elbow pain and objective findings of reduced neck extension and tenderness in the cervical spinous processes as well as the bilateral trapezius muscles. The current diagnoses are sprain of the neck, lateral epicondylitis, medial epicondylitis, sprain, lumbosacral and rotator cuff syndrome. The treatment to date includes physical therapy and medications. Medical report identifies that an H-wave machine is requested or her chronic soft tissue injury to be used in conjunction with her home exercises learned from hand therapy. There is no documentation of failure of additional conservative treatment (transcutaneous electrical nerve stimulation (TENS)).

IMR ISSUES, DECISIONS AND RATIONALES

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

HOME H-WAVE DEVICE: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines H-WAVE STIMULATION.

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

Decision rationale: California MTUS Chronic Pain Medical Treatment Guidelines identifies that a one-month home-based trial of H-Wave stimulation may be considered as a noninvasive conservative option for chronic soft tissue inflammation 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). In addition, California MTUS Chronic Pain Medical Treatment Guidelines identifies that the effects and benefits of the one month trial 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. Within the medical information available for review, there is documentation of diagnoses of sprain of the neck, lateral epicondylitis, medial epicondylitis, sprain, lumbosacral, and rotator cuff syndrome. In addition, there is documentation of chronic soft tissue inflammation, that the H-wave will be used as an adjunct to a program of evidence-based functional restoration, and failure of initially recommended conservative care including recommended physical therapy (exercise) and medications. However, there is no documentation of failure of additional conservative treatment such as transcutaneous electrical nerve stimulation (TENS). Therefore, based on guidelines and a review of the evidence, the request for home H-wave device is not medically necessary.