

Case Number:	CM14-0014780		
Date Assigned:	02/28/2014	Date of Injury:	09/02/2005
Decision Date:	11/21/2014	UR Denial Date:	01/29/2014
Priority:	Standard	Application Received:	02/05/2014

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 Internal Medicine and is licensed to practice in New York. 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 59 year old female with a date of injury of 09/02/2005. She used an H wave device from 06/24/2013 to 01/15/2014 (205 days of use) for her shoulder and wrists and noted some improvement. However, she was still taking medication and in a 11/2013 office note there was no mention of use of an H wave device. On 02/18/2014 and on 04/07/2014 she had well healed surgical scars of her left shoulder and both hands. She had left shoulder decreased range of motion - impingement abd bilateral carpal tunnel release surgery. She was to continue Norco, Anaprox, Gabpentin, Naproxen, Prilosec and her home exercise program. On 07/21/2014 she had an office visit for left shoulder pain. She had a well healed left shoulder surgery scar. She had left shoulder decreased range of motion. She had a past history of bilateral carpal tunnel syndrome. Her medication included Norco, Naproxen, Tramadol, Anaprox, Gabapentin and Prilosec. The left hand and right hand surgery scars were well healed. Home exercise program was to be continued.

IMR ISSUES, DECISIONS AND RATIONALES

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

H-Wave purchase: Upheld

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

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

Decision rationale: The Chronic Pain Medical Treatment Guidelines 8 C.C.R. 9792.20 - 9792.26 (Effective July 18, 2009) page 117 states that H-wave stimulation (HWT) are Not recommended as an isolated intervention, but a one-month home-based trial of Hwave 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). In a recent retrospective study suggesting effectiveness of the H-wave device, the patient selection criteria included a physician documented diagnosis of chronic soft-tissue injury or neuropathic pain in an upper or lower extremity or the spine that was unresponsive to conventional therapy, including physical therapy, medications, and TENS. (Blum, 2006) (Blum2, 2006) There is no evidence that H-Wave is more effective as an initial treatment when compared to TENS for analgesic effects. A randomized controlled trial comparing analgesic effects of Hwave therapy and TENS on pain threshold found that there were no differences between the different modalities or HWT frequencies. (McDowell2, 1999) [Note: This may be a different device than the H-Wave approved for use in the US.] After H wave use for 205 days there is no documentation of functional improvement and she continues to require opiates and two NSAIDS. There is no documentaiton of improved functional improvement using H wave stimulation following surgery for carpal tunnel release or shoulder impingement. It is not standard of care for either of those conditions. Therefore, the request is not medically necessary.