

Case Number:	CM14-0015320		
Date Assigned:	02/28/2014	Date of Injury:	05/28/2013
Decision Date:	07/03/2014	UR Denial Date:	02/06/2014
Priority:	Standard	Application Received:	02/06/2014

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 Illinois. 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 39-year-old male who reported an injury on 05/28/2013 and the mechanism of injury was from trauma. The injured worker's has had prior treatments including right and left knee surgery, physical therapy, Tylenol, ankle brace, lumbar corset, H-wave, right knee cortisone injection with ultrasound guide, home exercise program, and modified duty. Per the clinical note dated 01/13/2014, the injured worker had complaints of pain. The injured worker reported the pain had impaired his activities of daily living. The injured worker reported the use of the home H-wave had provided him the ability to perform his physical therapy exercises at home several times a day and helped increase his blood flow to provide less pain. The current request is for the purchase of 1 home H-wave device. The current request was recommended on 01/13/2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

PURCHASE OF 1 HOME H-WAVE DEVICE: Upheld

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

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

Decision rationale: California MTUS Guidelines state that the H-wave treatment is not recommended as an isolated intervention, but a 1 month home-based trial of the H-wave stimulation may be considered as a non-invasive conservative option for diabetic neuropathy pain or chronic soft tissue inflammation if used in adjunct to a program of evidence-based functional restoration and only following failure of initial recommended conservative care, including recommended physical therapy, medication, and a TENS unit. The clinical documentation provided the patient reported he had functional improvement and decreased pain with the use of the H-Wave. However, the clinical documentation provided failed to indicate the patient had failed conservative treatment, had objective functional improvement and, a decrease use of pain medications with use of the H-wave. There was also a mention of a trial generic TENS or other electronic treatment in a clinical or physical therapy facility; however, there were no physical therapy notes provided to indicated the patient had failed an adequate trial of a TENS unit. Therefore, the request for PURCHASE OF 1 HOME H-WAVE DEVICE is non-certified.