

Case Number:	CM14-0118594		
Date Assigned:	08/06/2014	Date of Injury:	10/17/2013
Decision Date:	09/30/2014	UR Denial Date:	07/16/2014
Priority:	Standard	Application Received:	07/29/2014

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, Pulmonary Diseases 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 injured worker is a 56-year-old female who reported a work related injury on 10/17/2013 due to her slipping and falling on her left elbow and hip. The diagnoses consist of thoracolumbar myofasciitis. The injured worker's treatment included physical therapy which gave her 65-70 percent improvement in symptoms, H-Wave unit, and TENS unit. It was noted on a request for authorization dated 07/09/2014 and on the home electrotherapy recommendation history dated 10/17/2013 that the injured worker previously tried a TENS and it was not effective. Upon examination on 07/07/2014 the injured worker complained of pain. It was also noted that the patient reported the ability to perform daily activities and overall function with the use of the H-wave device; she also stated she received 70 percent pain relief with the unit. The injured worker gave an example of functional improvement stated she walked further, was able to do more housework, sit longer, and more family interaction. The rationale for the request is to reduce pain, reduce or prevent the need for oral medications, decrease or prevent muscle spasms and atrophy, to provide self-management tool to the patient, and to improve circulation and decrease congestion to the injured region. The request for authorization was submitted on 07/26/2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

Home H-Wave Device, Purchase: Overturned

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

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

Decision rationale: The California MTUS does not recommend as a H-Wave unit as an isolated intervention. However, a one-month home-based trial of H-Wave stimulation may be considered as a noninvasive conservative option for diabetic, 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 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 lower extremity or the spine that was unresponsive to conventional therapy, including physical therapy, medications, and TENS. Within the documentation provided, it was noted that the injured worker had previously failed conservative care which consisted of a TENS unit, physical therapy and medications. There was documentation that supported pain of at least 3 months duration, evidence that other appropriate pain modalities have been tried and failed and there was documentation provided with a treatment plan included with specific short- and long-term goals of treatment with the H-wave unit were submitted. Therefore, the request for Home H-Wave Device, Purchase is medically necessary.