

Case Number:	CM14-0121557		
Date Assigned:	08/06/2014	Date of Injury:	10/07/2013
Decision Date:	09/11/2014	UR Denial Date:	07/03/2014
Priority:	Standard	Application Received:	08/01/2014

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:

This is a patient with a date of injury of October 7, 2013. A utilization review determination dated July 3, 2014 recommends non-certification of a home H wave device purchase. Physical therapy progress notes indicate that the patient underwent E-Stim. An H wave patient delivery evaluation dated May 5, 2014 indicates that the patient is in constant pain rated as 3/10 before H wave treatment. The pain is rated as 0/10 after H wave treatment and is described as feeling numb and looser. The treatment increased the patient's motion and was performed for over 45 minutes. A Registration and Compliance Confirmation form indicates that the patient has previously used a tens unit, physical therapy, and medication for this complaint. With regards to tens unit therapy, the note has a box checked which indicates that the tens unit was tried for one month at home and did not provide adequate relief. The note states that the patient needs longer-lasting pain relief something stronger. The note appears to be signed by the physical therapist. A note dated May 7, 2014 recommends a 30 day trial of H wave to determine effectiveness. A note dated June 2, 2014 indicates that the patient underwent an H wave trial for 15 days reporting reduction in pain and improve function.

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 ACOEM, Chronic Pain Treatment Guidelines Page(s): 114.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines 8 C.C.R. 9792.20 - 9792.26 MTUS (Effective July 18, 2009) Page 114, 117-118 of 127 Page(s): 114, 117-118 of 127.

Decision rationale: Regarding the request for H-wave unit, Chronic Pain Medical Treatment Guidelines state that electrotherapy represents the therapeutic use of electricity and is another modality that can be used in the treatment of pain. Guidelines go on to state that H-wave stimulation is not recommended as an isolated intervention, but a one-month home-based trial of H-wave stimulation may be considered as a noninvasive conservative option for diabetic neuropathic pain, 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. Within the documentation available for review, there are boxes checked indicating that the patient has undergone physical therapy and a home tens unit trial. However, it is unclear whether the patient underwent a 30 day tens unit trial with regular use as recommended by guidelines. There is no statement indicating how frequently the tens unit was used, and what the outcome of that tens unit trial was for this specific patient. Additionally, there is no documentation that the patient has had a successful 30 day H-wave trial, as recommended by guidelines. In the absence of such documentation, the currently requested H wave device is not medically necessary.