

Case Number:	CM14-0136578		
Date Assigned:	09/03/2014	Date of Injury:	08/24/2013
Decision Date:	10/08/2014	UR Denial Date:	08/11/2014
Priority:	Standard	Application Received:	08/22/2014

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 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 50-year-old male who reported an injury after lifting a credenza on 08/24/2013. The clinical note dated 08/01/2014 indicated diagnoses of sprain of unspecified site of shoulder and upper arm, pain in joint involving shoulder region, neck sprain, and osteoarthritis localized primarily involving shoulder region. The injured worker reported the ability to perform more actively and greater overall function due to the use of the H wave device. The injured worker reported after use of the H wave device a 50% reduction in pain. The injured worker reported he had given examples of increased function due to H wave (he had slept better). The injured worker reported he utilized the home H wave 1 time a day for 7 days a week (less than 30 minutes per session). The injured worker's prior treatments included diagnostic imaging and medication management. The injured worker's medication regimen was not provided within the medical records. The provider submitted a request for H wave device. A Request for Authorization dated 08/01/2014 was submitted for H wave device. However, a rationale was not provided for review.

IMR ISSUES, DECISIONS AND RATIONALES

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

H-wave device: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines H-wave stimulation (HTW).

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

Decision rationale: The request for H-wave device is not medically necessary. The California MTUS guidelines do not recommend the H-wave as an isolated intervention. It may be considered as a noninvasive conservative option for diabetic neuropathic, 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 or lower extremity or the spine that was unresponsive to conventional therapy, including physical therapy, medications, and TENS. The medical documentation does not address any numbness or muscle weakness to suggest neuropathic pain. In addition, it was not indicated whether this was for purchase, trial, or extension in the request. Therefore, the request for a decision for an H wave device is not medically necessary.