

Case Number:	CM14-0136664		
Date Assigned:	09/03/2014	Date of Injury:	01/20/2011
Decision Date:	09/24/2014	UR Denial Date:	08/11/2014
Priority:	Standard	Application Received:	08/25/2014

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 has a subspecialty in Neuromuscular Medicine and is licensed to practice in Maryland. 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 52 year old female with a work injury dated 1/20/11. The diagnoses include cervicogenic headache; cervical stenosis at C5-C6 with radiculopathy; facet arthropathy at L3-L4; left shoulder impingement syndrome; L3-S1 degenerative disc disease with radiculopathy; left greater trochanteric bursitis; right knee dislocation. Under consideration is a request for 1 Home H-Wave Device purchase. There is a report dated 8/1/14 stating the patient utilized the H-Wave device for home use for evaluation purposes from 6/4/14 to 7/17/14. It was reported that the patient had a decrease in the need for oral medication, was able to do more housework, sleep better and had more family interaction due to the use of the H wave device. A 6/27/14 PR-2 document states that the patient has had the opportunity to undergo a pain management consultation regarding the recommended cervical discogram, The patient has been treating conservatively with the use of the H wave unit which has provided temporary relief of her symptoms She has complaints of neck pain radiating into the base of the head, rated as a 6 on VAS. The patient continues to have left shoulder pain, rated as a 6 on Visual Analog Scale (VAS). The patient has low back pain, rated between as a 6 on VAS. The patient continues to have bilateral knee pain, rated as a 6 on VAS. Her medications include Motrin 800 Mg Tablet; Norco 10-325 Tablet Mg; Restoril 30 Mg Capsule; Zanaflex 4 Mg Capsule; Tramadol Hcl 50 Mg Tablet; Imitrex 50 Mg Tablet. On exam of the cervical spine there is no gross deformity. There is no appreciable swelling or gross atrophy of the paracervical muscles. The cervical lordosis is well maintained. There is no evidence of tilt or torticollis. In palpation there is evidence of tenderness and spasms of the paracervical muscles. There is tenderness over the base of the neck. There is no tenderness over the base of the skull. There is tenderness over the trapezius musculature bilaterally. There is tenderness over the interscapular space. There is no

tenderness over the anterior cervical musculature. There is tenderness over the lateral aspect of the left shoulder. There is decreased sensation over the right C6, C7, and C8 dermatome distributions and left C5 dermatome distribution. There is a negative Hoffman sign and full bilateral upper extremity strength. The discussion recommends left shoulder surgery, cervical discogram and states that due to the positive effects of the H wave unit, authorization is requested for the purchase of the H wave unit to be used in conjunction with her home exercise program. The patient will continue with her current medications, she does not require a refill at this time. An 8/14/14 letter of medical necessity states that the patient continues to complain of pain, experiences soft tissue inflammation and has already tried all other forms of conservativetreatment including physical therapy, medications, ice and heat.

IMR ISSUES, DECISIONS AND RATIONALES

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

1 Home H-Wave Device purchase: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

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

Decision rationale: The Expert Reviewer based his/her decision on the MTUS Chronic Pain Medical Treatment Guidelines, H-wave stimulation (HWT) pages 117-118. The Expert Reviewer's decision rationale:The MTUS guidelines state that the "H wave 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." The documentation does not indicate a failure of the Transcutaneous Electrical Nerve Stimulation (TENS) unit. The documentation does not indicate in the physician notes that the patient decreased her medication usage during her H wave trial. There is a report dated 8/1/14 that is from the DME manufacturer and not the physician notes. The documentation submitted does not support the MTUS recommendations for an H wave. The request for 1 Home H wave device purchase is not medically necessary.