

Case Number:	CM14-0157937		
Date Assigned:	10/01/2014	Date of Injury:	08/15/2007
Decision Date:	10/28/2014	UR Denial Date:	09/02/2014
Priority:	Standard	Application Received:	09/26/2014

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 Family Practice 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 case involves a 68 year old female injured worker who sustained a work injury on 8/15/07 involving the low back. She was diagnosed with a tear of the left supraspinatus muscle and degenerative disk disease of lumbar spine. She had undergone physical therapy, used oral analgesics as well as a TENS unit for pain and functional improvement. The injured worker had pain and impaired activities of daily living due to her injuries. She had used an H-wave unit from April to June 2014. A progress note on 8/8/14 indicated the injured worker had improved ability to walk further with less stiffness. He was using the H-wave 4 days a week a home. A request was made for purchase of the H-wave unit.

IMR ISSUES, DECISIONS AND RATIONALES

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

H-Wave Device and Supplies: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines H-Wave Stimulation.

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

Decision rationale: According to the MTUS guidelines, H-wave is not recommended as an isolated intervention. 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 (i.e., exercise) and medications, plus transcutaneous electrical nerve stimulation (TENS). In this case, the injured worker had already used a TENS unit. There is no evidence that H-Wave is more effective as an initial treatment when compared to TENS for analgesic effects. There is also no note completing a functional restoration program. As a result, the H-Wave purchase and supplies is not medically necessary.