

Case Number:	CM14-0162948		
Date Assigned:	10/08/2014	Date of Injury:	08/17/2010
Decision Date:	10/31/2014	UR Denial Date:	09/10/2014
Priority:	Standard	Application Received:	10/03/2014

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 Occupational Medicine 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 is a 32 year old male with a date of injury on 8/17/2010. A review of the medical records indicates that the patient is undergoing treatment for shoulder pain. Subjective complaints (9/2/2014) include "patient has reported decrease in need for oral medication" and "ability to perform more activity and greater overall function". No objective findings on medical note dated 9/2/2014. Treatment has included a trial of H-wave therapy and on 9/2/2014; the treating physician writes "patient has not sufficiently improved with conservative care. The trial of home H-way has shown benefit." Additional treatment has included physical therapy (24+ sessions), Norco, and trial of H-wave therapy. A utilization review dated 9/16/2014 non-certified a request for H-wave purchase due to lack of documented objective functional improvement.

IMR ISSUES, DECISIONS AND RATIONALES

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

1 Purchase of H-Wave unit (to be supplied by [REDACTED]):
Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines H-wave stimulation Page(s): 117. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain, H-wave stimulation (HWT)

Decision rationale: Per MTUS Chronic Pain Medical Treatment Guidelines, H-wave stimulation (HWT) is not recommended as an isolated intervention, but a one-month home-based trial of HWave 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 (TENS). The one-month HWT trial may be appropriate to permit the physician and provider licensed to provide physical therapy to study the effects and benefits, and it should be documented (as an adjunct to ongoing treatment modalities within a functional restoration approach) as to how often the unit was used, as well as outcomes in terms of pain relief and function. Rental would be preferred over purchase during this trial. Trial periods of more than one month should be justified by documentation submitted for review. Medical records cite patient reported subjective improvement of pain rating and subjective improvement of functional outcomes (walk further, lift more, more house work, etc.). The treating physician does not actually confirm whether functional improve has improved, objective findings have improved, or if there was decrease in medication usage (as reported by survey form). Additionally, the medical records provided do not actually substantiate the diagnosis of neuropathic pain or chronic soft tissue inflammation, which is the MTUS indication for H-Wave treatment. Finally, there is no evidence that the H-Wave would be used as an adjunct to ongoing treatment modalities. As such, the request for 1 Purchase of H-Wave unit (to be supplied by [REDACTED]) is not medically necessary.