

Case Number:	CM14-0166884		
Date Assigned:	10/15/2014	Date of Injury:	03/11/2013
Decision Date:	11/18/2014	UR Denial Date:	09/10/2014
Priority:	Standard	Application Received:	10/09/2014

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 Anesthesiology, has a subspecialty in Pain Management 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:

According to the records made available for review, this is a 49-year-old female with a 3/11/13 date of injury. At the time (7/2/14) of request for authorization for H-Wave System, there is documentation of subjective (chronic shoulder and neck pain) and objective (decreased bilateral shoulder range of motion) findings, current diagnoses (cervical disc degeneration, shoulder impingement syndrome, and lateral epicondylitis), and treatment to date (ongoing therapy with H-wave device, 1 time per day, 7 days per week and 30-45 minutes per session resulting in decreased need for oral medication, increased ability to perform activities of daily living, and greater overall function; failure of TENS unit therapy; and ongoing physical modalities and medication therapy). 9/11/14 medical report identifies that the patient has utilized the H-wave system for 90 days with a request for purchase of H-wave system to provide the patient with functional restoration, reduce and/or eliminate inflammation, and accelerate healing. There is no documentation of chronic soft tissue inflammation.

IMR ISSUES, DECISIONS AND RATIONALES

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

H-Wave System: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 117.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Low Back Complaints Page(s): 117-118.

Decision rationale: MTUS Chronic Pain Medical Treatment Guidelines identifies that a one-month home-based trial of H-Wave stimulation may be considered as a noninvasive conservative option for chronic soft tissue inflammation 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 addition, MTUS Chronic Pain Medical Treatment Guidelines identifies that the effects and benefits of the one month trial 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. Within the medical information available for review, there is documentation of diagnoses of cervical disc degeneration, shoulder impingement syndrome, and lateral epicondylitis. In addition, there is documentation of a trial of H-wave therapy. Furthermore, given documentation of ongoing therapy with medications, physical modalities, and the H-wave device for 1 time per day, 7 days per week and 30-45 minutes per session, resulting in decreased need for oral medication, increased ability to perform activities of daily living, and greater overall function, there is documentation of the effects and benefits of the one month trial (as an adjunct to ongoing treatment modalities (medication and physical therapy)) as to how often the unit was used, as well as outcomes in terms of pain relief and function. However, despite documentation of chronic pain and a request for purchase of H-wave system to provide the patient with functional restoration, reduce and/or eliminate inflammation, and accelerate healing, there is no (clear) documentation of chronic soft tissue inflammation. In addition, the requested purchase of H-wave System exceeds guidelines. Therefore, based on guidelines and a review of the evidence, the request for H-Wave System is not medically necessary.