

Case Number:	CM14-0174241		
Date Assigned:	10/24/2014	Date of Injury:	03/23/2005
Decision Date:	12/03/2014	UR Denial Date:	09/24/2014
Priority:	Standard	Application Received:	10/20/2014

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 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 58-year-old female who reported an injury of unspecified mechanism on 03/23/2005. On 09/09/2014, her diagnoses included knee pain. Her complaints included pain and impaired activities of daily living. It was noted that she had been using an H-wave device and reported the ability to perform more activity and greater overall functioning due to the use of the H-wave device. She said she was able to walk further, do more housework, and stand longer. She was using the H-wave device once per day, 4 days a week, for 30 to 45 minutes per session. Regarding the H-wave device, she stated "it feels a little strong." The treatment goals were to reduce and/or eliminate pain, to reduce or prevent the need for oral medications, to decrease or prevent muscle spasms and muscle atrophy, to improve functional capacity and activities of daily living, to improve circulation and decrease congestion in the injured region, and to provide a self management tool to the patient. The treatment plan included purchase of a home H-wave device and system treatment 2 times per day at 30 to 60 minutes per treatment as needed. A Request for Authorization dated 09/09/2014 was included in this worker's chart.

IMR ISSUES, DECISIONS AND RATIONALES

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

Home H-Wave Device Purchase: Upheld

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

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Low Back - Lumbar & Thoracic and Pain, H-wave stimulation (devices).

Decision rationale: The request for a home H-wave device purchase is not medically necessary. The Official Disability Guidelines do not recommend H-wave stimulation as an isolated intervention, but a 1 month home based trial of H-wave stimulation may be considered as a noninvasive conservative option for neuropathic pain, 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). There was no evidence in the submitted documentation of failure of conservative care including physical therapy, medications or a TENS unit. Additionally, the body part or parts that were to be treated were not included in the request. Furthermore, the frequency and parameters of use likewise were not included in this request. Therefore, this request for home H-wave device purchase is not medically necessary.