

Case Number:	CM14-0180272		
Date Assigned:	11/04/2014	Date of Injury:	01/14/2012
Decision Date:	12/26/2014	UR Denial Date:	10/14/2014
Priority:	Standard	Application Received:	10/30/2014

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 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:

This is a female patient with the date of injury of January 14, 2012. A Utilization Review dated October 14, 2014 recommended non-certification of Home H Wave Purchase/Indefinite use of one device to be used in 30-60 minute sessions. A Narrative Report dated September 19, 2014 identifies Subjective Complaints pain and impaired activities of daily living. Patient has reported a decrease in the need for oral medication due to the use of the H-Wave device. Diagnoses identify osteoarthritis unspecified, chondromalacia of patella, and pain in joint. Treatment Plan identifies purchase of home H-wave device and system.

IMR ISSUES, DECISIONS AND RATIONALES

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

Home H Wave purchase/ indefinite use of one device to be used in 30-60 minute sessions:
Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 114, 117-118.

Decision rationale: Regarding the request for Home H Wave purchase/ indefinite use of one device to be used in 30-60 minute sessions, Chronic Pain Medical Treatment Guidelines state

that electrotherapy represents the therapeutic use of electricity and is another modality that can be used in the treatment of pain. Guidelines go on to state that H-wave stimulation 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 and medications plus transcutaneous electrical nerve stimulation. Within the documentation there is no indication that the patient has undergone a 30 day tens unit trial as recommended by guidelines. There is no statement indicating how frequently the tens unit was used, and what the outcome of that tens unit trial was for this specific patient. In the absence of such documentation, the currently requested Home H Wave purchase/ indefinite use of one device to be used in 30-60 minute sessions is not medically necessary.