

Case Number:	CM14-0020047		
Date Assigned:	06/16/2014	Date of Injury:	09/07/2010
Decision Date:	07/18/2014	UR Denial Date:	01/21/2014
Priority:	Standard	Application Received:	02/18/2014

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 patient with a date of injury of 9/7/10. A utilization review determination dated 1/21/14 recommends non-certification of home H-Wave x 3 additional months. 10/14/13 "progress report addendum" is noted to identify pain, impaired range of motion, and impaired activities of daily living (ADLS). It notes that care has included physical therapy and/or exercise, medications, clinical or home trial of TENS, and TENS is not indicated. Another "progress report addendum" dated 12/30/13 notes pain and impaired ADLs with a treatment plan of 3 months of H-Wave. "In a survey taken by H-Wave the patient has made the following comments. Patient has reported a decrease in the need for oral medication due to the use of the H-Wave device. Patient has reported the ability to perform more activity and greater overall function due to the use of the H-Wave device."

IMR ISSUES, DECISIONS AND RATIONALES

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

HOME H-WAVE X 3 ADDITIONAL MONTHS: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines 8 C.C.R. 9792.20 - 9792.26 MTUS (Effective July 18, 2009) Page(s): 114, 117-118 of 127.

Decision rationale: Regarding the request for home H-wave times 3 additional months, Chronic Pain Medical Treatment Guidelines 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 available for review, there are boxes checked indicating that the patient has undergone a TENS unit trial. However, there are no specifics identified from the TENS trial with regard to whether the patient underwent a 30 day TENS unit trial as recommended by guidelines, how frequently the TENS unit was used, and what the outcome of that TENS unit trial was for this specific patient. Additionally, there is no documentation of specifics regarding quantifiable pain relief and examples of functional improvement from the H-Wave trial and the reduction in medication mentioned is not reflected in the other medical reports where medication use is discussed. In light of the above issues, the currently requested H-wave times 3 additional months is not medically necessary.