

Case Number:	CM14-0026528		
Date Assigned:	04/25/2014	Date of Injury:	02/09/2011
Decision Date:	05/27/2014	UR Denial Date:	02/17/2014
Priority:	Standard	Application Received:	03/04/2014

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:

The patient is a 42-year-old male with a date of injury of February 9, 2011. The listed diagnoses per [REDACTED] are right shoulder contusion, cervical, thoracic, and lumbosacral sprain/strain, left ankle sprain/strain, left wrist and hand sprain/strain, left distal fibular fracture, left triquetral fracture of the left wrist, lumbosacral disk injury with possible radiculopathy, cervical disk injury with radiculopathy, bilateral median neuropathy of carpal tunnel syndrome. Medical records indicate this patient is status post surgical repair for a left calcaneal fracture on February 17, 2011 and status post left ankle heel surgery and left foot surgery on June 18, 2013. According to progress report dated February 4, 2014 by [REDACTED], the patient presents with continued pain and impaired activities of daily living. The treater is requesting 30-day trial of an H-wave unit to reduce pain, muscle spasm, and need for all medication. Treatment goals include improving functional capacity, activities of daily living, circulation, and decreased congestion in the injury region. Treater states patient has trialed physical therapy, medications, and TENS (transcutaneous electrical nerve stimulation) unit. Report indicates the patient has a home TENS unit and has been utilizing it since approximately 2012 until present. It is noted that it "does not give pain relief." Utilization review is dated February 17, 2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

30 DAY TRIAL OF AN H-WAVE SYSTEM: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines H-Wave Stimulation Section.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines H-Wave Stimulation Section Page(s): 117-118.

Decision rationale: This patient presents with upper lower back, shoulder, leg, knee, ankle, wrist, and hand pain. The treater is requesting a thirty day trial of an H-wave unit. Utilization review dated February 17, 2014 denied the request due to lack of documentation of failed TENS and adjunct conservative care. According to the Chronic Pain Medical Treatment Guidelines, "H-wave is not recommended as an isolated intervention but a one-month home base trial of H-wave stimulation may be considered as a non-invasive 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 initial recommended conservative care." The treater notes in his progress report from February 4, 2012 that the patient had been utilizing a TENS but it no longer provided any pain relief. In addition, medical records indicate the patient is actively participating in physical therapy. The patient meets the criteria for a 30 day trial of an H-wave unit. The request for a thirty day trial of an H-Wave system is medically necessary and appropriate.