

Case Number:	CM14-0028089		
Date Assigned:	06/06/2014	Date of Injury:	03/28/2013
Decision Date:	07/14/2014	UR Denial Date:	02/03/2014
Priority:	Standard	Application Received:	03/05/2014

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 Neuromusculoskeletal Medicine and is licensed to practice in Arizona. 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 58-year-old male patient who sustained an injury on 3/28/2013; the mechanism of injury is unknown. On his most recent [REDACTED] visit dated 3/3/2014, he reports he has bilateral knee pain, right greater than left with right knee occurring now at rest. On examination his right lower extremity is neurologically intact distally and he has full range of motion of joints above and below his knee, he has right knee range of motion from 0 (zero) to 130 degrees with appreciable crepitus with more pain with lateral condyle and joint line palpation. Plain radiographs demonstrate right greater than left lateral joint space narrowing and arthritic changes. He has been diagnosed with bilateral knee arthrosis. As of the date of this note, he has planned synvisc injection planned for his right knee. In addition, the patient has complaint of lower back pain that is axial in location with intermittent buttock referral that worsens upon standing. His physical examination demonstrates pain upon flexion with palpatory tenderness of the lumbar spine with the finding of a negative straight leg raise. On neurological exam, he has a sensory deficit of the left L5 distribution, slight weakness with his extensor hallucis strength at 5 over 5. On MRI, he has multi-level mild to severe disc degeneration from T12-L1 to L5-S1 levels with noted congenital spinal stenosis. At dispute is the request for Home H-Wave device for a one month trial.

IMR ISSUES, DECISIONS AND RATIONALES

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

1 HOME H-WAVE DEVICE FOR ONE MONTH: Upheld

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

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

Decision rationale: H-wave stimulation (HWT) is not recommended as an isolated intervention, but a one-month home-based trial 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 (i.e., exercise) and medications, plus transcutaneous electrical nerve stimulation (TENS). There is no evidence that H-Wave is more effective as an initial treatment when compared to TENS for analgesic effects. H-wave stimulation is sometimes used for the treatment of pain related to muscle sprains, temporomandibular joint dysfunctions or reflex sympathetic dystrophy. H-wave is used more often for muscle spasm and acute pain as opposed to neuropathy or radicular pain, since there is anecdotal evidence that H-Wave stimulation helps to relax the muscles, but there are no published studies to support this use, so it is not recommended at this time. The provided medical documentation only documents the patient's knee and lumbar spinal pain. Although the patient has imaging studies that clearly support orthopedic issues in these areas, the patient does not meet the minimal required criteria for use of a home H-wave device/stimulation. The request is not medically necessary and is therefore denied.