

Case Number:	CM14-0030393		
Date Assigned:	06/20/2014	Date of Injury:	09/20/2013
Decision Date:	07/30/2014	UR Denial Date:	02/19/2014
Priority:	Standard	Application Received:	03/10/2014

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 & 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 54-year-old female who reported an injury on 09/20/2013 with a mechanism of injury not cited within the documentation provided. In the clinical notes dated 02/04/2014, the injured worker complained of pain, impaired range of motion and impaired activities of daily living. Prior treatments included chiropractic sessions, physical therapy, acupuncture, prescribed medications, activity modifications, and use of H-wave and transcutaneous electrical nerve stimulation (TENS) units. The diagnoses included cervicalgia and spinal stenosis. The treatment plan included the request for H-wave home care system to reduce and/or eliminate pain, to improve functional capacity, activities of daily living, to reduce or prevent the need for oral medication, to improve circulation and decrease congestion of an injured region, to decrease or prevent muscle spasm and muscle atrophy and to provide a self-management tool for the injured worker. The Request for Authorization for a one month rental of H-wave device was submitted on 02/11/2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

Home H-Wave Device for one (1) Month Rental for cervical spine: Upheld

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

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

Decision rationale: The California MTUS Guidelines state that H-wave stimulation (HWT) 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 i.e. exercise and medications, plus transcutaneous electrical nerve stimulation. In the clinical notes provided for review, there is a lack of documentation of the injured workers pain level status along with the efficacy of pain medications. There is also a lack of the injured worker's range of motion and neurological and functional status within the physical examination. Additionally, in the documentation provided for review, it is indicated that the injured worker had already tried H-wave therapy and reported no relief. Furthermore, the MTUS guidelines do not recommend H-wave stimulation without an adjunct program of evidence-based functional restoration. Therefore, the request for a home H-wave device for one month rental is non-certified.