

Case Number:	CM14-0031827		
Date Assigned:	06/20/2014	Date of Injury:	12/04/2012
Decision Date:	07/29/2014	UR Denial Date:	03/03/2014
Priority:	Standard	Application Received:	03/13/2014

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 43-year-old male who reported an injury on 12/04/2012. The mechanism of injury was not provided for clinical review. The diagnoses were not provided for clinical review. His treatments include physical therapy, H-wave, and medications. Within the clinical note dated 01/29/2014 reported the injured worker complained of pain of the shoulder. She reported impaired activities of daily living. The injured worker complained of limited range of motion. Physical exam was not provided for clinical review. The request submitted was for a home H-wave unit which is more soothing and provides more relief. The Request for Authorization was submitted and dated 01/29/2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

Durable Medical Equipment: H-Wave Device Rental x 1 Month Home Use: 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 (HWT) Page(s): 117.

Decision rationale: The request for durable medical equipment H-wave device rental times 1 month home use is not medically necessary. The injured worker complained of pain to his

shoulder, he reported limited range of motion and impaired activities of daily living. The California MTUS Guidelines do not recommend the H-wave as an isolated intervention. It may be considered as a noninvasive conservative option for diabetic neuropathy, 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 physical therapy and medications, plus transcutaneous electrical nerve stimulation. In recent retrospective studies suggesting effectiveness of the H-wave device, the injured worker's selection and criteria included a physician documented diagnosis of chronic soft tissue injury or neuropathic pain in the upper or lower extremity of the spine that was unresponsive to conventional therapy. There is lack of documentation indicating the injured worker is treated for a diagnosis with neuropathic pain including numbness or weakness. The provider failed to document a complete and adequate physical examination. There is lack of documentation indicating the injured worker had an adequate trial of a TENS unit. Documentation submitted indicated the injured worker underwent physical therapy and utilized medications. However, there is lack of documentation indicating the injured worker had failed on physical therapy. The guidelines recommend the purchase of an H-wave over the rental. Therefore, the request for a durable medical equipment H-wave device rental times 1 month home use is not medically necessary.