

Case Number:	CM14-0036194		
Date Assigned:	06/25/2014	Date of Injury:	10/31/2012
Decision Date:	07/25/2014	UR Denial Date:	03/10/2014
Priority:	Standard	Application Received:	03/25/2014

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 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 25 year old male who was injured on 10/31/2012. The mechanism of injury is unknown. Prior treatment history has included H-wave unit and acupuncture. Progress report dated 02/26/2014 states the patient complained of pain and impaired activities of daily living. There was no exam for review. Diagnosis: Achilles bursitis/tendinitis and pain in the joint. The treatment and plan included a request for a H-wave device. Prior utilization review dated 03/10/2014 states the request for purchase of Home H-wave device for the right ankle pain is not authorized as there is no documented evidence of effectiveness. The patient reported 95% improvement in pain from H-wave device use.

IMR ISSUES, DECISIONS AND RATIONALES

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

Purchase of Home H-Wave Device for right ankle pain: 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 H-wave stimulation (HWT) Page(s): 117-118.

Decision rationale: According to the CA MTUS Guidelines, H-wave unit 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 (TENS)." In this case, there is documentation that the patient had exacerbation of her lumbar spine pain and has limited range of motion, tenderness and spasms on examination. The prior treatment includes acupuncture, and H-wave unit. The patient reported 95% improvement in pain from H-wave device use. However, the records submitted for review failed to document the following: evidence-based functional restoration following failure of initially recommended conservative care, including recommended physical therapy (i.e., exercise) and medications, plus transcutaneous electrical nerve stimulation (TENS). Therefore, the request for home H-wave unit is not medically necessary.