MAXIMUS Federal Services

Case Number:	CM14-0036532		
Date Assigned:	06/20/2014	Date of Injury:	08/23/2009
Decision Date:	07/22/2014	UR Denial Date:	03/10/2014
Priority:	Standard	Application Received:	03/19/2014

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 Emergency Medicine and is licensed to practice in New York. 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 29-year-old female who was injured on August 23, 2009. The patient continued to experience pain in left knee, neck, low back, and TMJ. Physical examination was notable for joint line tenderness of the left knee medically and laterally. MRI of the left knee showed left knee meniscal tear. MRI of the cervical spine was reported as multilevel mild disc disease. MRI of the lumbar spine was reported as multilevel Schmorl's node. Diagnoses included medical and lateral meniscal tear of the left knee, cervicogenic headaches, cervical spasm, lumbago and sciatica. Surgery was recommended, but she became pregnant and it was postponed. Treatment included home exercise program, acupuncture, and physical therapy. Request for authorization for Home H-wave device was submitted for consideration.

IMR ISSUES, DECISIONS AND RATIONALES

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

Home H-Wave Device: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Pain Interventions and Guidelines Page(s): 117-118.

Decision rationale: According to the MTUS Chronic Pain Medical Treatment Guidelines, 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 (TENS). The one-month HWT trial may be appropriate to permit the physician and provider licensed to provide physical therapy to study the effects and benefits, and it should be documented (as an adjunct to ongoing treatment modalities within a functional restoration approach) as to how often the unit was used, as well as outcomes in terms of pain relief and function. Trial periods of more than one month should be justified by documentation submitted for review. While H-Wave and other similar type devices can be useful for pain management, they are most successfully used as a tool in combination with functional improvement. In this case the there is no documentation in the medical record that the patient has failed recommended conservative care with a TENS unit. In addition there is no evidence that the patient is participating in a functional restoration program. Recommended conditions for H-wave therapy have not been met. The request for Home H-Wave device is not medically necessary and appropriate.