

Case Number:	CM14-0067855		
Date Assigned:	07/11/2014	Date of Injury:	05/15/2012
Decision Date:	08/13/2014	UR Denial Date:	04/22/2014
Priority:	Standard	Application Received:	05/12/2014

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 Orthopedic Surgery and is licensed to practice in Texas. 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 49-year-old female who reported an injury on 05/15/2012. The mechanism of injury was not provided for review. The injured worker was evaluated on 12/19/2013. It was documented that the injured worker had failed to respond to a clinical trial of a TENS unit, medications, and physical therapy, and an H-Wave unit was requested. The injured worker was evaluated on 03/11/2014. It was documented that the injured worker could walk farther, sleep better, and had more family interaction due to increased daily activity resulting from the use of an H-Wave therapy device. A request was made for the purchase of an H-Wave therapy device on 04/15/2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

Home H-Wave Device, Right Knee, Lower Leg: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints. Decision based on Non-MTUS Citation Blum K, Chen THI, & Ross BD, "Innate Properties of H-Wave device, a small fiber stimulator provides the basis for a paradigm shift of electrotherapeutic treatment of pain with increased functional restoration associated with human neuropathies by affecting tissue circulation", Medical Hypothesis 2005 1066-1067; Blum K, Chen THI, & Ross BD, "Innate Properties of H-Wave device, a small fiber stimulator provides the basis for a paradigm shift of electrotherapeutic treatment of pain with increased functional restoration associated with human neuropathies by affecting tissue circulation", Townsend letter

2005, Jan:101-104; Kumar D and Marshall HJ, "Diabetes peripheral neuropathy; amelioration of pain with transcutaneous electrostimulation" Diabetes Care 1997 20:1702-1705; Flatt DW, "Resolution of double crush syndrome", Journal of manipulative & Physiological Therapeutics 1994 17:395-397; Tsang BK, Tajkaishi and Eichhom JH, "Electrical Stimulation reduces symptoms of Thermal Hypersensitivity from injury of sciatic partial ligation in rats." Anesth Analg 1998 86:S1-S551; Kumar F, Alvaro MS, Julka IS, and Marshall HJ, "Diabetic Peripheral Neuropathy: Effectiveness of electrotherapy and amitriptyline for symptomatic relief", Diabetes Care 1998 21:1322-1325; Julka IS, Alvaro M, , Kumar D, "Beneficial Effects of electrical stimulation on neuropathic symptoms in diabetes patients" J. Foot & Ankle Surgery 1998 37:191-194; "H-Wave, a Nonpharmacological Alternative for the Treatment of Patients with Chronic Soft Tissue Inflammation and Neuropathic Pain: A Preliminary Statistical Outcome Study"; Bum K, Chen TJH, Martinez-Pons M, DiNubite NA, Waite RL, Schoolfield J, Blum SH, Mengucci J, Downs BW, Meshkin B, "The H-Wave, a Nonpharmacological Alternative for the Treatment of Patients with Chronic Soft Tissue Inflammation and Neuropathic Pain: An Extended Population Observation Study".

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

Decision rationale: The requested home H-Wave device for the right knee and lower leg is not medically necessary or appropriate. The California Medical Treatment Utilization Schedule recommends the purchase of this device when there is documentation of significant functional benefit resulting from a trial. The clinical documentation submitted for review does indicate that the injured worker underwent a 54-day trial. Evaluation after that trial indicated that the patient had increased activity levels. However, there was no documentation of a decrease in medications or evidence that the patient was able to return to work. Therefore, the purchase of this type of durable medical equipment would not be indicated in this clinical situation. Additionally, the request as it is submitted does not specifically identify whether the requested service is for purchase or rental. In the absence of this information, the appropriateness of the request itself cannot be determined. As such, the requested home H-Wave device for the right knee and lower leg is not medically necessary.