

Case Number:	CM14-0069446		
Date Assigned:	07/14/2014	Date of Injury:	07/19/2012
Decision Date:	08/12/2014	UR Denial Date:	04/29/2014
Priority:	Standard	Application Received:	05/14/2014

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, has a subspecialty in Pain Management 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:

This is a female patient with a date of injury of July 19, 2012. A progress note dated March 27, 2014 identifies subjective complaints of lower back pain, right wrist/hand pain, and right knee pain. The physical examination identifies that the patient is ambulatory with the single point cane, and an unclear assessment of sensation to light touch of the right lower extremity was documented. The diagnoses included lumbar spine strain, right carpal tunnel syndrome, and right knee strain. There is documentation that an outcome report dated March 3, 2014 for H-wave use was reviewed. The treatment plan recommends a follow-up visit with the treating physician for pain management, and an initial orthopedic consultation with the treating physician regarding right carpal tunnel syndrome. There appears to also be a request for an MRI of the lumbar spine, right wrist, and right knee.

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 and System: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines x 8 C.C.R. 9792.20 - 9792.26 MTUS (Effective July 18, 2009) Page 114, 117-118 of 127 Page(s): 114, 117-118 OF 127.

Decision rationale: Regarding the request for H-wave device for purchase, the Chronic Pain Medical Treatment Guidelines state that electrotherapy represents the therapeutic use of electricity and is another modality that can be used in the treatment of pain. The guidelines go on to state that H-wave stimulation 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 and medications plus transcutaneous electrical nerve stimulation. Within the documentation available for review, there is indication that the patient has been using an H-wave device for an unspecified time, but there is no documentation of analgesic response or objective functional improvement. Furthermore, the number physical therapy sessions completed by the patient is not specified. Additionally, it is unclear whether the patient underwent a 30 day tens unit trial as recommended by guidelines. In the absence of such documentation, the currently requested H wave device for purchase is not medically necessary.