MAXIMUS Federal Services

Case Number:	CM14-0069491		
Date Assigned:	07/14/2014	Date of Injury:	08/29/2007
Decision Date:	08/11/2014	UR Denial Date:	04/15/2014
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 patient with a date of injury of June 29, 2007. A utilization review determination dated April 15, 2014 recommends noncertification for the purchase of a home H wave device. A reconsideration letter dated June 2, 2014 indicates that the goal of the H wave device is for functional restoration. The note indicates that after 30 days of utilizing the device the patient has stated that the device has positively helped. The note goes on to state that the patient has failed with TENS treatment which had no therapeutic or lasting effect. A report of H wave use dated February 17, 2014 indicates that the patient has utilized the H wave for 19 days. Other treatments tried include TENS unit, physical therapy, and medication. The note appears to be filled out by the patient and indicates decreased medication use and improved activities of daily living. There is a reported 50% reduction in pain, and the device is used 2 times per day. A progress report dated December 6, 2013 indicates that the patient applied a TENS unit and her pain increased.

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: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM. Decision based on Non-MTUS Citation Innate properties of H-Wave device Medical Hypothesis.

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 unit, 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. 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 no indication that the patient has completed a 30-day H waved trial. Documentation indicates that the patient has undergone a 19-day H wave trial. There are subjective indications of improvement. However, there are no physician progress reports indicating that the patient has required less medication, or identifying any objective functional improvement because of the H wave use. Furthermore, the documentation regarding a previous TENS unit trial is vague. The note indicates that the patient had an increase in pain after application of the TENS unit. However, there is no indication that the physician properly instructed the patient in its use, or attempted to adjust any of the TENS settings to see if it could be used without increasing the patient's pain. Additionally, there is no indication as to how long the TENS trial was performed. In the absence of clarity regarding those issues, the currently requested H wave purchase is not medically necessary.