

Case Number:	CM14-0072745		
Date Assigned:	09/18/2014	Date of Injury:	07/09/2012
Decision Date:	10/16/2014	UR Denial Date:	04/22/2014
Priority:	Standard	Application Received:	05/19/2014

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 Family Medicine and is licensed to practice in New Jersey. 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 worker is a 40 year old male who was injured on 7/9/2012. He was diagnosed with CRPS right lower limb and chronic pain syndrome. He was treated with physical therapy and medications including anti-epileptics, anti-depressants, opioids, and NSAIDs. He was also treated with a TENS unit which did not provide significant relief. On 2/2/14 the worker's treating physician requested he use a home H-wave device as a trial for his right foot and ankle, which the worker started using on 3/4/14. Following this trial, on 4/15/14, the worker reported to his treating physician that he had experienced a 20% reduction in pain as well as increased daily activities (no specifics documented) with the H-wave device. The worker continued on the same medications and doses.

IMR ISSUES, DECISIONS AND RATIONALES

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

Home H-Wave Device for Right Ankle (Purchase): Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines H-Wave stimulation (HWT).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Transcutaneous electrotherapy, H-wave stimulation, Page(s): 117-118.

Decision rationale: The Chronic Pain Medical Treatment Guidelines in the MTUS state that H-wave devices are not recommended as an isolated intervention, but a one-month home-based trial of H-Wave stimulation for up to one month may be considered as a non-invasive 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 including exercise, medications, plus transcutaneous electrical nerve stimulation (TENS). When using the H-wave stimulation device for this one month trial, MTUS states that it may be warranted to combine physical therapy during this period in order to help assess for any functional improvement. To justify continued use of the device, the provider needs to document improvements in function related to the device use. In the case of this worker, he had completed a trial of an H-wave device with some benefit in reducing pain and improving function, although no details were provided in the notes available for review how much and in what areas he improved his function. There was no record stating that the worker has been using a form of physical therapy to help assess for this, and there was no evidence that he would continue therapy (even home exercise) once prescribed the H-wave device for purchase. Therefore, without clear and detailed documentation of functional improvement with the trial and no documented plans for a primary treatment method (exercise) to be combined with the H-wave device use, the H-wave device is not medically necessary.