

Case Number:	CM14-0076709		
Date Assigned:	07/18/2014	Date of Injury:	05/17/2013
Decision Date:	09/09/2014	UR Denial Date:	04/29/2014
Priority:	Standard	Application Received:	05/27/2014

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 and is licensed to practice in Texas and Ohio. 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 47-year-old female who reported an injury on 05/17/2013. The mechanism of injury was not provided for clinical review. The diagnoses included left ankle strain syndrome, specific anatomic diagnosis not fully established, companion right ankle and foot faculties, right shoulder strain symptoms. Previous treatments include medication and H wave unit. Within the clinical note dated 04/14/2014, it was reported the injured worker complained of pain. Upon the physical examination the provider noted the injured worker had impaired activities of daily living. The provider indicated the injured worker had a 50% reduction in pain with the use of the H wave device. The provider requested the H wave device as needed. The Request for Authorization was submitted and dated on 04/14/2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

H-Wave Muscle Stimulator to bilateral feet: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 300. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Low Back and Pain Chapters ACOEM, Chronic Pain Chapter, (Revised 8/8/08), pg 189.

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

Decision rationale: The California MTUS Guidelines do not recommend the H wave as an isolated intervention. It may be considered as a noninvasive conservative option for diabetic neuropathic 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, recent retrospective studies suggesting the effective H wave device, the patient selection criteria including a physician documented diagnosis of chronic soft tissue injury for neuropathic pain in the upper extremity or lower extremity or the spine, that was unresponsive to conservative conventional therapy. The medical documentation submitted did not indicate any numbness or weakness to suggest neuropathic pain. There is lack of documentation indicating the injured worker was tried and failed on conservative treatment including physical therapy and medication, plus the use of a TENS unit. The request submitted does not specify whether the provider requested the purchase or rental of the unit. Therefore, the request is not medically necessary.