

Case Number:	CM14-0079117		
Date Assigned:	07/18/2014	Date of Injury:	04/29/2013
Decision Date:	09/23/2014	UR Denial Date:	05/12/2014
Priority:	Standard	Application Received:	05/29/2014

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 North Carolina. 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 patient is a 54 year-old with a reported date of injury of bilateral wrist carpal tunnel syndrome, right forearm strain and right shoulder internal derangement. Past treatment modalities have included physical therapy. Per the progress notes from the primary treating physician dated 04/28/2014 the patient had complaints of pain with impaired range of motion and impaired activities of daily living. There was no physical exam noted. Treatment recommendations included a 30-day trial of the H-wave Homecare system. Progress notes dated 06/06/2014 states the patient has no pain in the wrists but does have tingling in the wrists and fingers. Physical exam noted positive Tinel's sign on the right.

IMR ISSUES, DECISIONS AND RATIONALES

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

Home H Wave device X 1 month: Overturned

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 H-wave stimulation Page(s): 117-118.

Decision rationale: The California chronic pain medical treatment guidelines section on H-wave stimulation states: 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 (Julka, 1998) (Kumar, 1997) (Kumar, 1998), 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 (i.e., exercise) and medications, plus transcutaneous electrical nerve stimulation (TENS). In a recent retrospective study suggesting effectiveness of the H-wave device, the patient selection criteria included a physician documented diagnosis of chronic soft-tissue injury or neuropathic pain in an upper or lower extremity or the spine that was unresponsive to conventional therapy, including physical therapy, medications, and TENS. (Blum, 2006) (Blum2, 2006) There is no evidence that H-Wave is more effective as an initial treatment when compared to TENS for analgesic effects. The provided documentation indicates the patient has tried physical therapy and TENS unit for the chronic pain. Indications for a H-wave trial included using it as an adjunct to a program of evidence based functional restoration including physical therapy and medications plus TENS. The documentation provided has met these criteria and thus the request is medically necessary.