

Case Number:	CM14-0090637		
Date Assigned:	07/23/2014	Date of Injury:	08/02/2013
Decision Date:	08/27/2014	UR Denial Date:	05/22/2014
Priority:	Standard	Application Received:	06/12/2014

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 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:

The injured worker is a 37-year-old male who reported an injury on 08/02/2013. The mechanism of injury was not provided in the medical records. He is diagnosed with neck sprain. His past treatments were noted to include physical therapy, chiropractic treatment, NSAIDs, and use of a TENS unit. A physician letter dated 12/17/2013 indicated that a 1-month trial of an H-Wave medical device was being requested to decrease the injured worker's need for oral pain medication and to increase functional capacity. The provider further stated that he had only mild improvement with physical therapy and requires additional pain relief to facilitate progression. It was further noted that use of a TENS unit had not provided adequate relief. There was no documentation submitted which included physical examination findings and objective functional deficits. His medications were noted to include Motrin. An updated treatment plan was not provided in the medical records following the injured workers trial at home with use of an H-Wave device. An H-Wave patient evaluation was completed on 01/16/2014, which indicated that the injured worker had symptoms of pain and limited range of motion and was utilizing anti-inflammatory medications. She indicated that her pre H-Wave treatment pain level was 8/10, and she was working with modified duty. It was also noted that she was not in physical therapy. Her post H-Wave treatment pain level was noted to be 4/10, and she indicated an increased ability to function and increase range of motion. A clear rationale was not provided for the requested purchase of a home H-Wave device. The Request for Authorization for the H-Wave device purchase was not submitted in the medical records.

IMR ISSUES, DECISIONS AND RATIONALES

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

Home H wave device purchase: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines H wave stimulation.

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

Decision rationale: According to the California MTUS Chronic Pain Guidelines, use of H-Wave stimulation is not recommended as an isolated intervention, but may be considered a conservative option when used as an adjunct to a program of evidence-based functional restoration, and only following a failure of initially recommended conservative care, including physical therapy, medications, and use of a TENS unit. The clinical information submitted for review indicated that the injured worker had a 1-month home-based trial of use of an H-Wave device after he had reportedly failed physical therapy, medications, and a TENS unit. A subjective patient evaluation form indicated that he had decreased pain and increased function with use of the H-Wave device. However, documentation failed to provide evidence of objective functional gains on physical examination. In addition, the injured worker's survey indicated that he was not utilizing his H-Wave as an adjunct to physical therapy, and there was no documentation indicating he was participating in a home exercise program. As the guidelines only recommend H-Wave stimulation as an adjunct to a program of evidence-based functional restoration, the request is not supported. Based on the above, the request is not medically necessary.