

Case Number:	CM14-0020205		
Date Assigned:	04/21/2014	Date of Injury:	10/19/2013
Decision Date:	04/21/2015	UR Denial Date:	02/04/2014
Priority:	Standard	Application Received:	02/14/2014

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. 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/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:

State(s) of Licensure: California

Certification(s)/Specialty: Physical Medicine & Rehabilitation, Pain Management

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 25 year old male who sustained an industrial injury on October 19, 2013. He has reported injury to the head, back, shoulder, and hand and has been diagnosed with neck pain, possible cervical discogenic pain, probable cervical facetogenic pain, bilateral moderate carpal tunnel syndrome, myofascial pain, and post concussion syndrome. Treatment has included medications, heat, and modified work duty. Currently the injured worker had altered sensation diffusely throughout his arms and hands, more so on the right. Phalen's sign and Tinel's sign were positive. There was tenderness noted over the cervical and thoracic paraspinals with limited range of motion. The treatment request included a Home H Wave Devices for the neck, shoulder, and upper back. An H wave form letter dated January 24, 2014 states that the patient has undergone a "clinical or home trial of tens." A progress report dated December 2013 states of the patient did not improve with tens therapy while in chiropractic treatment. H wave is therefore recommended. Physical therapy is also recommended.

IMR ISSUES, DECISIONS AND RATIONALES

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

H-Wave Device (1-month rental for home use): Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines H-Wave Stimulation Page(s): 117-118.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 114, 117-118.

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 there is not indication that the patient has undergone a 30 day tens unit trial as recommended by guidelines. There is no statement indicating how frequently the tens unit was used, and what the outcome of that tens unit trial was for this specific patient. In the absence of such documentation, the currently requested H wave device trial is not medically necessary.