

Case Number:	CM14-0093470		
Date Assigned:	07/25/2014	Date of Injury:	11/15/2013
Decision Date:	04/02/2015	UR Denial Date:	06/06/2014
Priority:	Standard	Application Received:	06/19/2014

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. 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: New Jersey
 Certification(s)/Specialty: Family Practice

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 32 year old female, who sustained an industrial injury on 11/15/13. The injured worker has complaints of pain, experiencing chronic soft tissue inflammation. The diagnoses have included Cervicalgia. Treatment to date has included physical therapy; Transcutaneous Electrical Nerve Stimulation (TENS) unit; H-wave device both in home and clinic and medications. According to the utilization review performed on 6/6/14, the requested H-Wave device has been non-certified. Chronic Pain Medical Treatment Guidelines in the utilization review.

IMR ISSUES, DECISIONS AND RATIONALES

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

H-Wave device: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Transcutaneous electrotherapy, H-wave stimulation (HWT) 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 devices use. In the case of this worker, the provider reported the worker using H-wave in the home and clinic with some relief. However, there was no specifics documented such as specific and measurable functional gains and measurable pain-reduction compared to without use of H-wave, which is required in order to justify a home purchase and continuation of H-wave. Therefore, without a complete and clear report on H-wave benefits in this worker, the H-wave will be considered medically unnecessary at this time.