

Case Number:	CM15-0006727		
Date Assigned:	01/21/2015	Date of Injury:	06/19/2008
Decision Date:	03/18/2015	UR Denial Date:	01/06/2015
Priority:	Standard	Application Received:	01/13/2015

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: Arizona, Michigan

Certification(s)/Specialty: Preventive Medicine, Occupational Medicine

CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

This 73 year old woman sustained an industrial injury on 6/19/2008. The mechanism of injury is not detailed. Treatment has included oral medications, H-wave therapy for approximately three months with 50% pain reduction, home traction unit, and physical therapy. Physician notes on a PR-2 dated 8/1/2014 shows a prescription for H-wave therapy as a 30 day trial including instructions and six goals of therapy. No other information or rationale is found. On 1/6/2015, Utilization Review evaluated a prescription for home H-wave device, that was submitted on 1/13/2015. The UR physician noted the physician documentation after the previous trial of H-wave therapy showed complaints of pain and impaired activities of daily living. The MTUS, ACOEM (or ODG) Guidelines was cited. The request was denied and subsequently appealed to Independent Medical Review.

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): Overturned

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Transcutaneous Electrotherapy. Page(s): 114-121..

Decision rationale: Per the MTUS, H-wave stimulation is not recommended as an isolated intervention, but a one month home-based trial may be considered as a non invasive conservative option for diabetic 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 physical therapy, medications and TENS. A review of the injured workers medical records show that she has had a successful trial of the H-wave unit, with report of her pain reducing from 7/10 to as low as 3/10 on a pain scale with use of the unit and improved functionality including sleeping better and walking farther. Therefore based on her clinical response to the treatment and the guidelines the request for Home H-Wave device (purchase) is medically necessary and appropriate for this injured worker.