

Case Number:	CM15-0009120		
Date Assigned:	01/27/2015	Date of Injury:	01/09/2012
Decision Date:	03/23/2015	UR Denial Date:	12/27/2014
Priority:	Standard	Application Received:	01/15/2015

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: California

Certification(s)/Specialty: Physical Medicine & Rehabilitation

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 48-year-old male who reported an injury on 01/09/2012. The mechanism of injury was not submitted for review. The injured worker has a diagnosis of pain in the limbs. Medical treatment consists of H-Wave unit, and medication therapy. On H-Wave evaluation dated 10/03/2014, it was indicated that the injured worker was experiencing pain, swelling, numbness, and tingling in the morning and in the night. The injured worker stated that post H-Wave treatment, his pain was a 1/10. Range of motion was increased. It was also noted on documentation dated 11/19/2014 that the injured worker had a reduction in pain medication with the use of the machine. He felt that the H-Wave unit was much stronger than the TENS unit. The treatment plan is for the purchase of the H-Wave device and system. Rationale and Request for Authorization form was not submitted for 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 QTY: 1: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines H-Wave devices.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines H-wave stimulation (HWT) Page(s): 117.

Decision rationale: The request for home H-Wave device, quantity 1, is not medically necessary. California MTUS Guidelines do not recommend the H-Wave as an isolated intervention. It may be considered as a noninvasive option for diabetic neuropathy, 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 (TENS). The submitted documentation did not address any numbness or muscle weakness to suggest neuropathic pain. Additionally, it was not indicated in the submitted documentation if the injured worker had undergone a trial prior to the request for purchase. Additionally, there was no indication of the injured worker being in a program of functional restoration as an adjunct to the use of the H-Wave. Furthermore, the request as submitted did not specify whether the unit was for rental or for purchase. Given the above, the request would not be indicated. As such, the request is not medically necessary.