

Case Number:	CM15-0102357		
Date Assigned:	06/04/2015	Date of Injury:	03/27/2013
Decision Date:	07/03/2015	UR Denial Date:	05/26/2015
Priority:	Standard	Application Received:	05/27/2015

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: Massachusetts

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 57-year-old female, with a reported date of injury of 03/27/2013. The diagnoses include internal derangement of the right knee. Treatments to date have included TENS (transcutaneous electrical nerve stimulation) unit, physical therapy, oral medications, and functional restoration program. The narrative report dated 05/13/2015 indicates that the injured worker complained of pain. It was noted that the injured worker showed impaired activities of daily living. The injured worker used a home H-wave unit for evaluation purposes from 04/15/2015 to 05/05/2015. In the survey, she reported eliminating the need for oral medication due to the use of the H-wave device. The injured worker reported the ability to perform more activity and greater overall function due to the use of the device. She also reported that after the use of the H-wave device there was a 60% reduction in pain. The treating physician requested home H-wave device (indefinite use). The treatment prescription was for two times per day at 30-60 minutes per treatment as needed. The goals are to reduce and/or eliminate pain; to improve functional capacity and activities of daily living; to reduce or prevent the need for oral medications; to improve circulation and decrease congestion in the injured region; to decrease or prevent muscle spasm and muscle atrophy; and to provide a self-management tool to the injured worker.

IMR ISSUES, DECISIONS AND RATIONALES

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

Home H-wave Device (indefinite use): Overturned

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

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

Decision rationale: The claimant sustained a work injury in March 2013 and continues to be treated for right knee pain. Treatments have included a trial of H-wave use in April and May 2015. With use of the device, the claimant reported a 60% reduction in pain with improved activity and function and had eliminated the need for oral pain medications. Her sleep had improved. When seen, the claimant is quoted as stating that the unit was the best alternative to pain medication. A one month home-based trial of may be considered as a noninvasive conservative option for the treatment of chronic pain. H-wave stimulation is a form of electrical stimulation that differs from other forms of electrical stimulation, such as transcutaneous electrical nerve stimulation (TENS), in terms of its waveform. During the trial, it should be documented as to how often the unit was used, as well as outcomes in terms of pain relief and function. In this case, the claimant has had a trial of H-wave use with reported decreased pain and medication use and with improved sleep even after only a three-week trial use. Purchase of an H-wave unit is medically necessary.