

Case Number:	CM15-0130134		
Date Assigned:	07/16/2015	Date of Injury:	04/18/2011
Decision Date:	08/19/2015	UR Denial Date:	07/02/2015
Priority:	Standard	Application Received:	07/06/2015

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 61 year old male who sustained an industrial injury on 04/18/2011. Mechanism of injury was a slip and fall, with wrist and back injuries. Diagnoses include lumbar strain, wrist sprain-strain, and upper extremity arthrosis. Treatment to date has included diagnostic studies, medications, a Transcutaneous Electrical Nerve Stimulation unit was tried in the clinic, but a 30 day Transcutaneous Electrical Nerve Stimulation unit trial was not done, cortisone injections to his right wrist, epidural steroid injections to the lumbar spine, spinal cord stimulator, physical therapy, and a wrist splint. There is an unofficial report of a lumbar Magnetic Resonance Imaging being done on 06/05/2013 which showed multiple levels of degenerative changes. A physician progress note dated 06/16/2015 documents the injured worker complains of continued wrist pain and back pain. He underwent a trial of a home H-Wave for 38 days, and reported a decrease in the need for oral medications. He has reported the ability to perform more activity and greater overall functions due to the use of the H Wave device. He is able to walk farther and stand longer. Before the use of the H Wave he rated his pain as 7.5 out of 10. He had a 15% decrease in pain with the use of the H-Wave. Treatment requested is for a Home H-Wave device purchase.

IMR ISSUES, DECISIONS AND RATIONALES

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

Home H-Wave Device: Overturned

Claims Administrator guideline: Decision based on MTUS ACOEM.

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

Decision rationale: The patient presents with pain in right wrist and low back radiating into left hip and buttocks region. The request is for Home H-Wave Device. The request for authorization is dated 06/16/15. He is status post (1) LTFESI @ L3,4,5 done on 11/27/13 with >50% improvement and no radicular pain. Patient's medications include Fosinopril, Atorvastatin, Amlodipine, Allopurinol, Aspirin, Votaren Gel, Fluoxetine, Glucosamine, Melatonin, Nitroglycerin, Omeprazole and Naproxen. Per progress report dated 04/27/15, the patient is temporarily totally disabled. Per MTUS Guidelines page 117, "H-wave is not recommended as an isolated intervention, but a 1-month home-based trial of H-wave stimulation 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." "And only following failure of initially recommended conservative care, including recommended physical therapy (i.e., exercise) and medications, plus transcutaneous electrical nerve stimulation (TENS)." MTUS further states trial periods of more than 1 month should be justified by documentations submitted for review. This patient has utilized a home H-Wave at no cost for evaluation purposes from 04/28/15 to 06/05/15. Patient has reported a decrease in the need for oral medication due to the use of the H-Wave device. Patient has reported the ability to perform more activity and greater overall function due to the use of the H-Wave device. Patient has given these examples of increased function due to H-Wave: "Walk farther, stand longer." Other treatments used prior to home H-Wave: TENS unit, physical therapy, medications and injections. The patient has not sufficiently improved with conservative care. Given the documentation of H-wave's functional benefit, the request is medically necessary.