

Case Number:	CM15-0132074		
Date Assigned:	07/20/2015	Date of Injury:	02/11/2015
Decision Date:	08/14/2015	UR Denial Date:	06/29/2015
Priority:	Standard	Application Received:	07/08/2015

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: 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 44 year old male who sustained an industrial injury on February 11, 2015. He has reported left shoulder pain, neck pain, mid back pain, and bilateral wrist pain and has been diagnosed with mild rotator cuff tendinosis, bilateral wrist contusions, traumatic bilateral carpal tunnel syndrome, cervical strain, thoracic strain, lumbar strain, left tibial contusion, and left shoulder rotator cuff tear vs. impingement syndrome. Treatment has included physical therapy, H-wave device, and medications. There was no palpable tenderness over the acromion, deltoid bursa, acromioclavicular joint, coracoid, lesser and greater tuberosities, trapezius musculature, posterior shoulder musculature, supraspinatus musculature, and infraspinatus musculature. Range of motion was decreased to the left shoulder. MRI of the left shoulder revealed mild biceps tendinosis and mild rotator cuff tendinosis, 3 mm x 4 mm focus on high grade cartilage loss in the central aspect of the glenoid. EMG study of the bilateral upper extremities. Right carpal tunnel syndrome mild, no evidence of cervical radiculopathy, brachial plexopathy, or other peripheral nerve entrapment. The treatment request included a H-wave unit.

IMR ISSUES, DECISIONS AND RATIONALES

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

H Wave Unit purchase: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines H-wave stimulation.

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

Decision rationale: The MTUS/Chronic Pain Medical Treatment Guidelines comment on the use of modalities such as an H-Wave Unit for the treatment of neuropathic pain. Use of H-Wave Stimulation is not recommended as an isolated intervention, but a one-month home-based trial. H- Wave stimulation may be considered as a noninvasive 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 (i.e., exercise) and medications, plus transcutaneous electrical nerve stimulation (TENS). In a recent retrospective study suggesting effectiveness of the H-wave device, the patient selection criteria included a physician-documented diagnosis of chronic soft-tissue injury or neuropathic pain in an upper or lower extremity or the spine that was unresponsive to conventional therapy, including physical therapy, medications, and TENS. There is no evidence that H-Wave is more effective as an initial treatment when compared to TENS for analgesic effects. A randomized controlled trial comparing analgesic effects of H- wave therapy and TENS on pain threshold found that there were no differences between the different modalities or HWT frequencies. In this case, there is insufficient evidence in support of the need for purchase of an H-Wave Unit. Specifically, there is no evidence that the patient was unresponsive to conventional therapy, including physical therapy, medications and TENS. Further, the records indicate that the patient has been using a H-Wave Unit; however, there is insufficient evidence of improved functional outcomes including diminished use of analgesic medications. For these reasons, purchase of an H-Wave Unit is not considered as medically necessary.