Case Number:	CM15-0140375		
Date Assigned:	07/30/2015	Date of Injury:	12/02/2014
Decision Date:	08/26/2015	UR Denial Date:	07/02/2015
Priority:	Standard	Application Received:	07/20/2015

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 68 year old male, who sustained an industrial injury on 12-2-14. The diagnoses have included chondromalacia of patella, tear of the medial meniscus, post-concussion syndrome and rotator cuff syndrome post right shoulder arthroscopy. Treatment to date has included medications, activity modifications, diagnostics, physical therapy, transcutaneous electrical nerve stimulation (TENS) and home exercise program (HEP). Currently, as per the physician progress note dated 5-3-15, the injured worker complains of right shoulder and right knee pain. The objective findings reveal right shoulder healed scar, tenderness to palpation, decreased range of motion, positive Spurling sign and positive impingement. The right knee exam reveals tenderness to palpation, and positive patellofemoral crepitus. There are several documents within the submitted medical records that are difficult to decipher. There are no previous diagnostic reports noted. It is noted that the injured worker was using the H-wave for evaluation purposes from 5-12-15 to 5-31-15 and reported the ability to perform more activity and greater overall function due to the use of the H-wave unit. The physician requested treatment included Purchase of a home H-wave device for indefinite use.

IMR ISSUES, DECISIONS AND RATIONALES

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

Purchase of a home H-wave device for indefinite use: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines.

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 December 2014 and continues to be treated for right shoulder and right knee pain. When seen, there was decreased right shoulder range of motion with positive impingement testing. Spurling's testing was positive. There was knee tenderness with patellofemoral crepitus. A trial of H-wave stimulation is documented from 05/12/15 to 05/31/15. During the trial, the device with used one time per day for four days per week and for less than 30 minutes. The claimant reported being able to walk farther, stand longer, and perform housework. She had improved sleep and left knee pain. Authorization for purchase of a home unit was requested. Prior treatments have included TENS, physical therapy, and medications. Although H-wave stimulation is not recommended as an isolated intervention, 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 did not complete a one month trial of H-wave unit use. The device was not used daily. Although decreased pain is referenced, there is no documentation of VAS pain score or decreased medication use. Purchasing an H-wave unit for indefinite use is not medically necessary.