

Case Number:	CM15-0147628		
Date Assigned:	08/10/2015	Date of Injury:	09/23/2013
Decision Date:	09/08/2015	UR Denial Date:	07/07/2015
Priority:	Standard	Application Received:	07/29/2015

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: North Carolina

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 48 year old female, who sustained an industrial injury on September 23, 2013. She reported hearing a pop and feeling a sharp pain in her right shoulder. Treatment to date has included physical therapy, x-rays, MRI, H-wave unit, TENS unit, electrodiagnostic study, medication, cold therapy, acupuncture, massage therapy, acupressure, massage therapy, myofascial release and home exercise program. Currently, the injured worker complains of ongoing right shoulder pain. The injured worker is diagnosed with right shoulder pain. Her work status is modified duty; however, her employer is unable to accommodate this. In a progress note dated December 29, 2014, it states the injured worker experienced improvement from physical therapy. A progress noted dated January 6, 2015, states the injured worker trialed an H-wave unit at home for approximately one month and experienced a decreased need for oral medication, improved function and ability to engage in activities of daily living. In a note dated February 19, 2015, it states the injured worker experienced improvement in function and a decrease in pain from acupuncture. The note also states the injured worker improved after physical therapy. The therapeutic response to; TENS unit, cold therapy, massage therapy, acupressure, massage therapy, myofascial release and home exercise program was not included in the documentation. Due to previous documented efficacy, an H-wave unit (purchase) is requested to reduce the level and pain and increase ability to function.

IMR ISSUES, DECISIONS AND RATIONALES

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

Ownership of H-wave: Upheld

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

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

Decision rationale: H-wave stimulation (HWT) Not recommended as an isolated intervention, but a one-month home-based trial of H Wave stimulation may be considered as a noninvasive conservative option for diabetic neuropathic pain (Julka, 1998) (Kumar, 1997) (Kumar, 1998), 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. (Blum, 2006) (Blum2, 2006) 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. (McDowell2, 1999) [Note: This may be a different device than the H-Wave approved for use in the US.] The clinical documentation for review does not include a one-month trial of H wave therapy with objective significant improvements in pain and function. Therefore, criteria for a home unit purchase have not been met and the request Is not certified.