

Case Number:	CM15-0147748		
Date Assigned:	08/10/2015	Date of Injury:	11/07/2014
Decision Date:	09/08/2015	UR Denial Date:	07/08/2015
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: 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 42 year old female who sustained an industrial injury on 11-07-14. Initial complaints and diagnoses are no available. Treatments to date include medications, and an H wave unit. Diagnostic studies include electrodiagnostic studies on 06-20-15. Current complaints include chronic pain in the neck, bilateral shoulders, upper and lower back, right knee, left wrist, and left big toe. Current diagnoses include cervical, thoracic, and lumbar spine strain, bilateral shoulder strain, left forearm strain, left wrist internal derangement, right knee and thigh strain, and left great toe strain. In a progress note dated 02-22-15 the treating provider reports the plan of care as continued use of H wave unit, and medications including Norco, Mobic, and Protonix. The requested treatment includes a home H wave unit for home use.

IMR ISSUES, DECISIONS AND RATIONALES

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

Home H-wave device for purchase/indefinite use of one device for 30-60 min sessions as needed: Overturned

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

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

Decision rationale: The claimant sustained a work-related injury in November 2014 and is being treated for chronic pain throughout the spine, bilateral shoulder, right knee, and left wrist and 1st toe pain. In March 2015, an H-wave unit is referenced as being used 3-4 times per day with 35% improvement and allowing the claimant to manage his pain and with increased mobility. When seen, there was limited and slow range of motion due to pain. There was popping and clicking with right knee flexion / extension and with cervical rotation. 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 has used an H-wave unit since at least March 2015 with decreased pain and improved mobility. The unit is being used several times per day. Purchasing a unit for continued use is medically necessary.