MAXIMUS Federal Services

Case Number:	CM15-0148752		
Date Assigned:	08/13/2015	Date of Injury:	07/01/2012
Decision Date:	09/23/2015	UR Denial Date:	07/17/2015
Priority:	Standard	Application Received:	07/30/2015

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 39 year old female who sustained an industrial injury on 7-1-12 when she felt soreness to the neck, right shoulder, right arm and forearm with itching, achiness and burning in the right wrist. She was diagnosed with an over use injury to the neck, right shoulder and right upper extremity. She was initially evaluated and prescribed physical therapy and acupuncture. As of 7-6-15 the injured worker has significant improvement in her symptoms with physical therapy. On physical exam there was mild right trapezius tenderness without spasm. The remainder of the exam was unremarkable. She is taking no industrial medications currently. Diagnoses included cervical spondylosis without myelopathy. Treatments to date include physical therapy with benefit per 3-30-15 note; home exercise; swimming; transcutaneous electrical nerve stimulator unit; medications; chiropractic treatments; acupuncture; occupational therapy. Diagnostics include MRI of the cervical spine (2-23-15) showing small posterior annular bulge at C4-5 and C5-6. In the progress note dated 4-16-15 the treating provider's plan of care included a request for 30 day free trial of H-wave homecare system to evaluate its effectiveness and if the injured worker obtains relief and shows functional improvement then allow continued home use. In the 6-23-15 progress note it was noted that the injured worker was able to perform more activity and greater overall function due to the use of H-wave device such as better sleep, ability to lay down easier, more relaxed. As a result the treating provider requested purchase of home H-wave device and system. She is back to work full-time.

IMR ISSUES, DECISIONS AND RATIONALES

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

H-wave home device (purchase/indefinite use): Overturned

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

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

Decision rationale: The California chronic pain medical treatment guidelines section on H-wave stimulation therapy states: 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 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 been met and the request is medically necessary.