

Case Number:	CM15-0166979		
Date Assigned:	09/04/2015	Date of Injury:	04/20/2001
Decision Date:	10/07/2015	UR Denial Date:	07/29/2015
Priority:	Standard	Application Received:	08/25/2015

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: New Jersey

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 64 year old female who sustained an industrial injury on 4-20-01. She had complaints of neck and left shoulder pain. Treatments include: medications, TENS unit, H-wave, physical therapy, electrified stimulation and home exercise program. Progress report dated 7-12-15 reports evaluation of H-wave trial. The injured worker reports a decrease in the need for oral medication. She is able to be more active with overall increased function. She can walk farther, do more house work, sleep better, stand longer and has more family interaction. Diagnoses include: headache, myalgia and myositis, disorder of bursae and tendons in the shoulder region, neck pain, degenerative disc disease cervical, pain in joint of shoulder, depression, chronic pain syndrome and anxiety. Plan of care includes: purchase H-wave device and system; treatment 2 times per day for 30-60 minutes as needed. Work status: remain off work.

IMR ISSUES, DECISIONS AND RATIONALES

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

Home H-Wave device purchase: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Transcutaneous electrotherapy.

Decision rationale: The Chronic Pain Medical Treatment Guidelines in the MTUS state that H-wave devices are not recommended as an isolated intervention, but a one-month home-based trial of H-Wave stimulation for up to one month may be considered as a non-invasive 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 including exercise, medications, plus transcutaneous electrical nerve stimulation (TENS). When using the H-wave stimulation device for this one month trial, MTUS states that it may be warranted to combine physical therapy during this period in order to help assess for any functional improvement. To justify continued use of the device, the provider needs to document improvements in function related to the devices use. In the case of this worker, there was documented reports of improvement in function, lowering of pain and medication following each use of the H-wave device trialed prior to this request. The previous reviewer suggested that this device is not intended to be used over the long term. However, there is no such evidence to suggest harm from ongoing use of this device and the Guidelines do not suggest stopping it after a certain amount of time. The criteria for purchase has been met by this worker and will continue to provide pain relief with less side effect risk from medications. Therefore, this request for H-wave purchase is medically necessary.