MAXIMUS Federal Services

Case Number:	CM15-0168532		
Date Assigned:	09/09/2015	Date of Injury:	10/22/2012
Decision Date:	10/14/2015	UR Denial Date:	07/25/2015
Priority:	Standard	Application Received:	08/27/2015

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 46 year old female who sustained an industrial injury on 10-22-2012. Current diagnosis included lateral epicondylitis. Report dated 07-17-2015 noted that the injured worker presented with complaints that included pain and impaired activities of daily living. The physician documented that the injured worker utilized a home H-wave at no cost for evaluation purposes from 06-04-2015 to 07-09-2015. In the survey following the use of the device the injured worker reported decreased need for oral medication, ability to perform more activities of daily living and greater overall function, 70% reduction in pain. Increased functions included more housework, sleeping better, more family interactions, and can use her keys know to open locks. Physical examination was not included for this date of service. Previous treatments included medications, TENS unit, physical therapy, and surgical interventions. The treatment plan included a request for purchase of a home H-wave device two times per day at 30-60 minute intervals per treatment as needed for pain. Request for authorization dated 07-17-2015, included requests for home H-wave device. The utilization review dated 07-25-2015, non-certified the request for 1 home H-wave device based on the following rational. "Guidelines do not recommend this device as an isolated intervention. When used in conjunction to a program of functional restoration, it may be indicated for the treatment of neurogenic pain or chronic tissue inflammation. This would only be appropriate after failure of physical therapy, medications, and transcutaneous electrical nerve stimulation."

IMR ISSUES, DECISIONS AND RATIONALES

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

Home H-wave device: Overturned

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

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) (Blum 2, 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. (McDowell 2, 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.