

Case Number:	CM15-0185728		
Date Assigned:	09/25/2015	Date of Injury:	11/03/2014
Decision Date:	11/02/2015	UR Denial Date:	09/02/2015
Priority:	Standard	Application Received:	09/21/2015

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: Arizona, California

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 26 year old male who sustained an industrial injury on 11-3-2014. A review of medical records indicates the injured worker is being treated for pain in joint, forearm and pain in joint upper arm. Medical record dated 8-17-2015 noted he complains of pain and exhibits impaired activities of daily living. Physical examination noted a decrease in the need for oral medication due to use of the H-wave device. It was reported he has the ability to perform more activity and greater overall function due to the use of the H-wave device. There was increased function. Treatment has included H-wave, TENS unit, physical therapy, and medications. RFA dated 8-17-2015 requested H-wave device. Utilization review form dated 9-2-2015 noncertified Home H-wave Device.

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: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, Forearm, wrist, & Hand Chapter - TENS.

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

Decision rationale: According to the guidelines an H-wave unit is not recommended but a one month trial may be considered for diabetic neuropathic pain and chronic soft tissue inflammation if used with a functional restoration program including therapy, medications and a TENS unit. There is no evidence that H-Wave is more effective as an initial treatment when compared to TENS for analgesic effects. In fact, H-wave is used more often for muscle spasm and acute pain as opposed to neuropathy or radicular pain. In this case, the claimant had used the H-wave for over a month. Indefinite use nor purchase is supported by the guidelines. Therefore, the request for the H-wave unit above is not medically necessary.