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| Case Number: | CM15-0186546 | | |
| Date Assigned: | 09/28/2015 | Date of Injury: | 01/07/2015 |
| Decision Date: | 11/03/2015 | UR Denial Date: | 09/10/2015 |
| Priority: | Standard | Application Received: | 09/22/2015 |

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 York, Pennsylvania, Washington
 Certification(s)/Specialty: Internal Medicine, Geriatric Medicine

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 49 year old female, who sustained an industrial injury on 01-07-2015. She has reported subsequent bilateral hand and arm pain and was diagnosed with bilateral wrist sprain and strain, tenosynovitis of the bilateral hand and wrist and bilateral carpal tunnel syndrome. Work status on 05-21-2015 was documented as full duty. Treatment to date has included pain medication, Cortisone injections, transcutaneous electrical nerve stimulator (TENS) unit, physical therapy and H-wave unit. The H wave unit was noted to be effective at increasing function. An H wave delivery evaluation form dated 06-11-2015 showed that the injured worker reported that pain was reduced from 7 out of 10 to a 4 out of 10 after one H wave treatment, that "H wave feels good, it's strong and I love it." There was no further documentation submitted that detailed subjective and objective examination findings before and after use of the H wave unit. In a progress note dated 08-27-2015, the injured worker reported pain and impaired activities of daily living. The physician noted that the injured worker had utilized home H-wave unit at no cost for evaluation purposes from 06-11-2015 to 07-09-2015 and that the injured worker reported the ability to perform more activity "lift more, more house work." and greater overall function due to use of the H-wave device. No objective examination findings were documented. The most recent progress note does not list work status. A request for authorization of purchase of 1 H-wave device system was submitted. As per the 09-10-2015 utilization review, the request for purchase of 1 H-wave device system was non-certified.

IMR ISSUES, DECISIONS AND RATIONALES

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

Purchase of 1 H-Wave device system: Upheld

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: H-wave stimulation is an isolated intervention, but a one-month home-based trial may be considered as a noninvasive 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 (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. The records do not substantiate that this injured worker has failed other conventional therapy to medically justify H-wave system use.