

Case Number:	CM15-0195360		
Date Assigned:	10/09/2015	Date of Injury:	09/30/2013
Decision Date:	11/20/2015	UR Denial Date:	09/11/2015
Priority:	Standard	Application Received:	10/05/2015

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: California

Certification(s)/Specialty: Physical Medicine & Rehabilitation

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 58 year old female, who sustained an industrial injury on 9-30-2013. Medical records indicate the worker is undergoing treatment for low back pain, lower leg pain and shoulder pain. A progress noted from 8-12-2015 showed the injured worker complained of knee pain status post knee arthroscopy and low back pain. Physical exam on 8-12-2015 showed warmth and tenderness of the knees. A recent progress report dated 8-25-2015, reported the injured worker complained of pain (unknown location) and impaired activities of daily living. Physical examination was not provided on this visit. H wave trial survey stated the injured worker noted decreased use of medications and increased overall ability to perform activity with greater overall function. Treatment to date has included H-wave home trial, TENS (transcutaneous electrical nerve stimulation), functional restoration program, physical therapy and medication management. On 8-25-2015, the Request for Authorization requested purchase of Home H-wave. On 9-11-2015, the Utilization Review noncertified the request for purchase of Home H-wave.

IMR ISSUES, DECISIONS AND RATIONALES

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

DME purchase of Home H-wave: Overturned

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

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

Decision rationale: The 58 year old patient complains of neck pain, low back pain, and bilateral knee pain, as per progress report dated 09/17/15. The request is for DME purchase of home H-wave. The RFA for this case is dated 08/25/15, and the patient's date of injury is 09/30/13. The patient is status post right shoulder rotator cuff repair in 2014, and status post left knee arthroscopy in 2015. Diagnoses, as per progress report dated 09/17/15, included osteoarthritis of knee, synovitis of knee, low back pain, and neck pain. Diagnoses, as per progress report dated 09/15/15, included cervical stenosis, right C5 radiculopathy, axial neck pain, right shoulder adhesive capsulitis, and right shoulder rotator cuff repair. The patient has been prescribed for Norco. The patient is disabled, as per progress report dated 09/17/15. Per MTUS Guidelines page 117, H-wave Stimulation (HWT) section, "H-wave is not recommended as an isolated intervention, but a 1-month home-based trial of H-wave stimulation 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." MTUS further states "trial periods of more than 1 month should be justified by documentations submitted for review." MTUS also states that "and only following failure of initially recommended conservative care, including recommended physical therapy (i.e., exercise) and medications, plus transcutaneous electrical nerve stimulation (TENS)." Page 117. Guidelines also require "The one-month HWT trial may be appropriate to permit the physician and provider licensed to provide physical therapy to study the effects and benefits, and it should be documented (as an adjunct to ongoing treatment modalities within a functional restoration approach) as to how often the unit was used, as well as outcomes in terms of pain relief and function." As per primary treating physician's narrative report, dated 08/25/15, the patient completed at H-wave trial from 07/20/15 to 08/19/15. The patient used the machine 2 times a day, 5 days per week, and 30-45 minutes per session. In the report, the treater states that the patient has "reported a decrease in need for oral medication due to the use of the H-wave device." There is improvement in ability to perform activities of daily living and better sleep. The patient has failed conservative care including TENS unit, medications and physical therapy. The report also discusses the long-term goals of this treatment modality. Given the successful trial, long-term use appears reasonable and IS medically necessary.