

Case Number:	CM15-0197390		
Date Assigned:	10/12/2015	Date of Injury:	10/11/1999
Decision Date:	11/19/2015	UR Denial Date:	09/21/2015
Priority:	Standard	Application Received:	10/07/2015

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: Connecticut, California, Virginia
 Certification(s)/Specialty: Preventive Medicine, Occupational 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:

This injured worker is a 61 year old female who reported an industrial injury on 10-11-1999. Her diagnoses, and or impressions, were noted to include cervical and lumbar discogenic disease; lumbago; bilateral knee internal disruption; and bilateral shoulder impingement and pain. Computed tomography of the knee was said to have been done noting a possible cyst on her left knee; and she stated no magnetic resonance imaging studies had been done for her cervical or lumbar spine. Her treatments were noted to include: chiropractic treatment modalities; 10 physical therapy treatments; a home H-wave unit for the lumbar spine; home exercises; medication management; and rest from work as she was noted to be retired. The progress notes of 9-2-2015 reported complaints which included: that she completed chiropractic care for her back and neck, and requested additional treatments because of the benefit she was receiving in having her pain reduced from an 8 to a 6 out of 10; that she had an H-wave unit that she used for her lumbar spine and needed electrodes for the neck and shoulder areas in order to use it on those areas; and of bilateral knee pain, left > right. The objective findings were noted to include: no acute distress; mild decreased neck range-of-motion; a grossly abnormal lumbar spine with severe spasms to bilateral latissimus dorsi, with severe muscle spasms with severely restricted lumbar extension and severe spasms to latissimus dorsi and pain going down the left leg-buttock; positive straight bilateral leg raise; popping and catching in the right knee, but with stated popping-catching in the left knee, without the ability to be elicited; decreased right shoulder range-of-motion; weakness in her abductor hallucis longus and foot flexors, almost flaccid, but with the ability for a normal gait and walk. The physician's request for treatments was noted to include the appropriate pads for her shoulder and neck for her

home H-wave unit. The request for authorization, dated 9-14-2015, was noted for home H-wave device, purchase for indefinite use, to be used in 30-60 minute sessions as needed. The Utilization Review of 9-21-2015 non-certified the request for the purchase of an H-wave unit.

IMR ISSUES, DECISIONS AND RATIONALES

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

H-wave device purchase: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009. Decision based on Non-MTUS Citation Official Disability Duration Guidelines, Treatment in Workers' Compensation, 2015 web-based edition; http://www.dir.ca.gov/t8/ch4_5sb1a5_5_2.html.

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

Decision rationale: H-Wave stimulation is not recommended by the MTUS guidelines 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 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 (exercise) and medications, plus transcutaneous electrical nerve stimulation (TENS). The provided documents do not clearly support the need for H-wave purchase, and it appears that physical therapy has recently been requested as well, indicating that failure of conservative therapy cannot be completely described at this time. At this time, the request for H-wave purchase cannot be considered medically necessary.