

Case Number:	CM15-0207926		
Date Assigned:	10/26/2015	Date of Injury:	05/17/2013
Decision Date:	12/15/2015	UR Denial Date:	10/09/2015
Priority:	Standard	Application Received:	10/22/2015

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, West Virginia, Pennsylvania
 Certification(s)/Specialty: Emergency 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 61 year old male who sustained an industrial injury on 05-17-2013. A review of the medical records indicated that the injured worker is undergoing treatment for lumbar sprain, strain and displacement of lumbar intervertebral disc without myelopathy. The injured worker is status post right shoulder arthroscopic subacromial decompression, Mumford and rotator cuff repair on 03-04-2014. According to the treating physician's progress report on 08-20-2015, the injured worker continues to experience low back pain associated with lower extremity pain and weakness. Examination demonstrated negative straight leg raise bilaterally and altered sensation to light touch throughout the entire right leg with normal sensation in the left lower extremity. Bilateral knee reflexes were normal with diminished bilateral ankle deep tendon reflexes. There was motor strength weakness of the right ankle dorsiflexion, plantar flexion and extensor hallucis longus muscle. Electromyography (EMG) and Nerve Conduction Velocity (NCV) studies of the lower extremities were performed on 08-20-2015 with official report included in the review and interpreted by the provider on 08-20-2015. According to the progress report on 09-21-2015, the injured worker had access to an H-wave device (trial) and documentation noted increased ability for activity and function, 70% reduction in pain and improved sleep with 45 minute sessions twice a day, seven days a week. Prior treatments have included diagnostic testing, physical therapy, aquatic therapy, transcutaneous electrical nerve stimulation (TENS) unit, H-wave trial, acupuncture therapy and medications. Current medications were listed as Ibuprofen, Lyrica and Prilosec. Treatment plan consists of continuing with medication regimen and the current request for Home H-wave device, purchase. On 10-09-2015 the Utilization Review determined the request for Home H-wave device, purchase was not medically necessary.

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: 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: Guidelines state that H-wave therapy is not recommended as an isolated intervention but a one-month home based trial of H-wave stimulation may be considered as an option for diabetic neuropathic pain or chronic soft tissue inflammation if used as an adjunct to functional restoration if conservative therapy has failed. In this case, there is no documentation of a previous H-wave trial and no documentation of chronic soft tissue inflammation. The request for home H-wave device purchase is not medically appropriate and necessary.