MAXIMUS Federal Services

Case Number:	CM15-0208350		
Date Assigned:	10/27/2015	Date of Injury:	11/15/2014
Decision Date:	12/10/2015	UR Denial Date:	09/23/2015
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: 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 62 year old male, who sustained an industrial injury on 11-15-14. The injured worker was diagnosed as having calcified tendinitis of shoulder; adhesive capsulitis of shoulder; sprain of neck. Treatment to date has included physical therapy; chiropractic therapy; TENS unit; medications. Currently, the PR-2 notes dated 9-9-15 indicated by the provider, the injured worker "complains of pain that inhibits his activities of daily living". The provider notes the injured worker utilized the Home H-Wave at no cost for evaluation purposes from 7-15-15 to 8-31-15 in his home. He reported a decrease in the need for oral medication due to the use of the H-Wave device. He reported the ability to perform more activity and greater overall function due to the use of the H-Wave device. The provider notes "Patient reported after the use of the H-Wave device a 50% reduction in pain. Patient has given these examples of increased function due to the H-Wave: 'Sleep better'." The injured worker is utilizing the home-H-Wave one time per day, 4 days a week for 30-45 minutes per sessions. Other treatments used prior to the home H-Wave: TENS unit, physical therapy, medications, chiropractic therapy and home exercise program. The provider's treatment plan is for purchase of the Home H-Wave Device. A Request for Authorization is dated 10-1-15. A Utilization Review letter is dated 9-23-15 and non-certification for Home H-Wave Device Purchase. A request for authorization has been received for Home H-Wave Device Purchase.

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: Overturned

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: The 62 year old patient presents with calcifying tendinitis of left shoulder, adhesive capsulitis of left shoulder, and thoracic sprain, as per chiropractor progress report dated 09/03/15. The request is for HOME H-WAVE DEVICE PURCHASE. The RFA for this case is dated 09/05/15, and the patient's date of injury is 11/15/14. As per chiropractor progress report dated 03/16/15, the patient complains of left shoulder pain, rated at 7/10, radiating to left arm; and neck and upper back pain, rated at 4/10. The patient is on modified report, as per the same report. 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. In this case, the patient underwent a trial for the H-wave unit from 07/15/15 to 08/31/15, as per chiropractor report dated 09/03/15. The treater states that in a survey taken by H-wave, the patient reported 50% reduction in pain, greater overall function, and decrease in the need for oral medications. The patient is able to sleep better. The Chiropractor indicates that the patient used the H-wave unit for 1 time per day, 4 times a week, 30-45 minutes per session. The treater also reports that patient has failed other treatment modalities including physical therapy, chiropractic therapy, TENS unit, medications, and home exercise. The report also discusses the long-term goals of this treatment modality. In an appeal letter dated 10/02/15 (after the UR denial date), the chiropractor states that the purchase was requested because the patient has had a successful trial with the H-wave unit. When combined with exercise, this treatment modality has helped the patient to manage pain independently which will allow him to be less dependent on medical care. The patient's progress will be monitored during the visits, as per the same appeal letter. Given the successful trial, long-term use appears reasonable and IS medically necessary.