

Case Number:	CM15-0208514		
Date Assigned:	10/27/2015	Date of Injury:	08/11/2014
Decision Date:	12/09/2015	UR Denial Date:	09/21/2015
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: 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:

The injured worker is a 52 year old male who sustained an industrial injury on 8-11-14. A review of the medical records indicates he is undergoing treatment for pain in shoulder joint, pain in joint of lower leg, lumbar disc displacement without myelopathy, long term use of medications, and psychogenic pain. Medical records (9-8-15) indicate that he cannot sleep due to low back pain and shoulder pain. He also complains of chronic right knee pain and right hand pain. The physical exam reveals that the injured worker is "fatigued" and "lethargic." He is noted to have an antalgic gait. Right knee tenderness is noted on palpation. Muscle tone is noted to be without atrophy in bilateral upper and lower extremities. The lumbar spine is noted to have "spasm and guarding." Diagnostic studies have included an MRI of the right lower extremity joint, an MRI of the lumbar spine, and an MRI of the right upper extremity joint. Treatment has included at least 12 sessions of physical therapy with an H-wave unit (physical therapy note 9-8-15) and medications. The utilization review (9-21-15) includes a request for authorization of a home H-wave device. The request was denied.

IMR ISSUES, DECISIONS AND RATIONALES

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

1 Home H-wave device: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Functional improvement measures. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Pain (Chronic): H-wave (HWT), Functional Improvement Measurements.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Electrical stimulators (E-stim).

Decision rationale: The MTUS Guidelines do not recommend the use of H-wave stimulation as an isolated intervention. A one-month home-based trial of H-wave stimulation may be considered as a noninvasive conservative option for 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 physical therapy and medications, plus transcutaneous electrical nerve stimulation. In this case, the injured worker has only attempted a trial with the H-wave unit for 17 days. He reports a 30% reduction in pain with its use. There has been no reduction in the amount of medications needed to control pain. The request for 1 Home H-wave device is determined to not be medically necessary.