

Case Number:	CM15-0216903		
Date Assigned:	11/06/2015	Date of Injury:	04/01/2014
Decision Date:	12/18/2015	UR Denial Date:	10/07/2015
Priority:	Standard	Application Received:	11/04/2015

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: Massachusetts

Certification(s)/Specialty: Physical Medicine & Rehabilitation, Pain Management

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 65 year old female, who sustained an industrial injury on April 1, 2014. The initial symptoms reported by the injured worker are unknown. The injured worker was diagnosed as having left hip bursitis status post hip arthroscopy, multilevel degenerative disc disease of the lumbar spine-sciatica. Treatment to date has included diagnostic studies, surgery, transcutaneous electrical nerve stimulation unit, physical therapy and medications. On August 19, 2015, the injured worker received a free 30 day trial of the H-wave device. She utilized the device two times per day, 7 days per week at 45 plus minutes per session. On September 9, 2015, the injured worker was noted to use the H-wave device for 21 days for her hip and back. The injured worker reported decreased medication intake, being able to sit longer, sleep better and have more family interaction. The pain reported before the use of the device was a 6 on a 0- 10 pain scale. The H-wave was reported to give 20% improvement of pain. On October 7, 2015, utilization review denied a request for home H-wave device for lumbar.

IMR ISSUES, DECISIONS AND RATIONALES

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

Home H Wave device for lumbar: Upheld

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 claimant sustained a work injury in April 2014 and underwent a left hip arthroscopic labral debridement with chondroplasty and peritrochanteric bursectomy and iliotibial band release in February 2015. She had a trial of home H-wave use from 08/19/15 to 09/09/15. She reported decreased pain and medication use with a 20% improvement. Prior treatments referenced were TENS, physical therapy, and medications. When seen, she was ambulating independently. There was minimally limited hip extension. There was decreased strength. H-wave stimulation is not recommended as an isolated intervention. Guidelines recommend that a one-month home-based trial may be considered as a noninvasive conservative option following failure of initially recommended conservative care, including recommended physical therapy, medications, and transcutaneous electrical nerve stimulation (TENS). In this case, although prior treatments referenced include TENS, there is no evidence of a prior formal one month home based trial of TENS including how often the unit was used as well as comparative outcomes in terms of pain relief, medication use, and functional benefit. For this reason, the requested H-wave unit is not considered medically necessary.