

Case Number:	CM15-0218170		
Date Assigned:	11/10/2015	Date of Injury:	12/16/2014
Decision Date:	12/21/2015	UR Denial Date:	10/05/2015
Priority:	Standard	Application Received:	11/05/2015

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: Montana, Oregon, Idaho

Certification(s)/Specialty: Orthopedic Surgery

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 30 year old male, who sustained an industrial injury on 12-16-14. He reported left leg pain. The injured worker was diagnosed as having pain in limb, mononeuritis of lower limb, difficulty walking, and lower limb amputation above knee. Treatment to date has included left above the knee amputation in 2014, physical therapy, and use of H-wave. On 9-24-15 the treating physician noted the "patient has reported eliminating the need for oral medication due to the use of the H-wave device. Patient has reported the ability to perform more activity and greater overall function due to the use of the H-wave device. Patient has reported after use of the H-wave device a 60% reduction in pain." On 6-26-15, the injured worker complained of pain in the left leg rated as 5-6 of 10. On 9-24-15 the treating physician requested authorization for a home H-wave device trial to purchase. On 10-5-15, the request was non-certified.

IMR ISSUES, DECISIONS AND RATIONALES

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

Home H-Wave Device trial to purchase: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009. Decision based on Non-MTUS Citation Official Disability Guidelines, Low Back-Lumbar & Thoracic.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Transcutaneous electrotherapy. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) pain.

Decision rationale: The CA MTUS Chronic Pain Medical Treatment 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 a noninvasive conservative option for diabetic neuropathic pain (Julka, 1998) (Kumar, 1997) (Kumar, 1998), 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 (i.e., exercise) and medications, plus transcutaneous electrical nerve stimulation (TENS). According to the ODG-TWC pain section: A. HWT may be considered on a trial basis if other non-invasive, conservative modalities for the treatment of chronic pain have failed. While medical providers may perform HWT, H-wave devices are also available for home use. Rental would be preferred over purchase during a home trial. Trial periods of more than one month should be justified by documentation submitted for review. B. Although there are no high quality studies to guide recommendations for use, a one-month home-based trial of HWT may be considered following a documented face-to-face clinical evaluation and physical examination performed by the recommending physician, who should also document the following in the medical record: (1) The reason the physician believes that HWT may lead to functional improvement and/or reduction in pain for the patient; & (2) PT, home exercise and medications have not resulted in functional improvement or reduction in pain; (3) The use of TENS for at least a month has not resulted in functional improvement or reduction in pain. C. The one-month initial trial will permit the physician and PT provider to evaluate any effects and benefits. A follow-up evaluation by the physician should take place to document how often the unit was used and any subjective improvement in pain and function. There should be evidence of less reported pain combined with increased functional improvement or medication reduction. D. If treatment is determined to be medically necessary, as with all other treatment modalities, the efficacy and continued need for this intervention should be periodically reassessed and documented. In this case the injured worker is 30 years old and was injured in 2014. He is being treated for residual limb pain following an below-knee amputation. The exam note from 9/24/15 demonstrates a successful trial of H-wave device, with reduction in pain and improved function. However, there is no description of a functional restoration program. The guidelines clearly state that this type of therapy is not recommended as an isolated intervention. Therefore, the request is not medically necessary.