

Case Number:	CM15-0063012		
Date Assigned:	04/08/2015	Date of Injury:	04/18/2013
Decision Date:	05/08/2015	UR Denial Date:	03/10/2015
Priority:	Standard	Application Received:	04/02/2015

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: Iowa, Illinois, Hawaii

Certification(s)/Specialty: Preventive Medicine, Occupational Medicine, Public Health & General Preventive 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 56-year-old female who sustained an industrial injury on April 18, 2013. She has reported left hip pain and has been diagnosed with left trochanteric bursitis, left hip pain, left biceps femoris muscle strain, and left piriformis syndrome. Treatment has included pain management, injection, physical therapy, medical imaging, and medications. Currently the injured worker complains of ongoing low back pain with numbness in the third, fourth, and fifth toes of the left foot with pain in the left groin and left hip. The treatment request included an H-wave purchase.

IMR ISSUES, DECISIONS AND RATIONALES

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

H-Wave unit purchase: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 117.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines H-wave stimulation Page(s): 117.

Decision rationale: Per MTUS Chronic Pain Medical Treatment Guidelines, "H-wave stimulation (HWT) 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 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 and medications, plus transcutaneous electrical nerve stimulation (TENS). 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. Rental would be preferred over purchase during this trial. Trial periods of more than one month should be justified by documentation submitted for review." Medical records cite patient reported subjective improvement of pain rating and subjective improvement of functional outcomes (walk further, lift more, more housework, etc). The treating physician does not actually confirm whether objective findings have improved, or if there was decrease in medication usage (as reported by survey form). Additionally, the medical records provided do not actually substantiate the diagnosis of neuropathic pain or chronic soft tissue inflammation, which is the MTUS indication for H-Wave treatment. As such, the request for H-Wave unit purchase is not medically necessary.