

Case Number:	CM15-0081089		
Date Assigned:	05/01/2015	Date of Injury:	08/12/2009
Decision Date:	06/02/2015	UR Denial Date:	04/01/2015
Priority:	Standard	Application Received:	04/28/2015

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: Family Practice

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 68-year-old male, with a reported date of injury of 08/12/2009. The diagnoses include lumbar spine radiculitis, rule out lumbar spine disc displacement, left hip bursitis, right shoulder impingement syndrome, and bilateral knee internal derangement. Treatments to date have included an MRI of the lumbar spine, an MRI of the left knee, computerized tomography (CT) scan of the neck, and Supartz injections to the left knee. The progress report dated 03/05/2015 indicates that the injured worker complained of pain in his back, left hip, right shoulder, neck, right knee, bilateral heels, left knee, and right ankle. The objective findings include tenderness to the lumbar spine, bilateral knees at the joint line, left greater than right, and spasms to the trapezius muscles. The treating physician requested a 30-day trial of an H-wave unit for chronic soft tissue inflammation.

IMR ISSUES, DECISIONS AND RATIONALES

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

H-Wave Unit 30 day trial: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines H-WAVE Page(s): 117-118.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines TENS/H-Wave Therapy Page(s): 114-120.

Decision rationale: The MTUS/Chronic Pain Medical Treatment Guidelines comment on the use of H-Wave Therapy as a treatment modality. These 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, 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). In a recent retrospective study suggesting effectiveness of the H-wave device, the patient selection criteria included a physician-documented diagnosis of chronic soft-tissue injury or neuropathic pain in an upper or lower extremity or the spine that was unresponsive to conventional therapy, including physical therapy, medications, and TENS. There is no evidence that H-Wave is more effective as an initial treatment when compared to TENS for analgesic effects. In this case the above cited guidelines state that H-Wave Therapy is not recommended as an isolated intervention, but a one-month home-based trial may be considered under certain conditions; such as documentation on failing to respond to an adequate course of conservative therapy. In reviewing these medical records it is not clear that the patient has received and has failed appropriate trials of conventional therapy to include physical therapy, medications and TENS. For these reasons, H-Wave Unit Therapy X 30 days is not considered as medically necessary.