

Case Number:	CM15-0084500		
Date Assigned:	05/06/2015	Date of Injury:	07/11/2014
Decision Date:	06/05/2015	UR Denial Date:	04/17/2015
Priority:	Standard	Application Received:	05/01/2015

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 28-year-old male, who sustained an industrial injury on 07/11/2014. He reported falling into a trench, landing on his left side, striking his left hip, left shoulder against the ground, and twisting his low back. He had immediate bruising along his left shoulder. Treatment to date has included x-rays, computed tomography of the lumbar spine, acupuncture, aqua therapy, TENS unit, medications and home exercise. According to a progress report dated 04/01/2015, the injured worker complained of pain and exhibited impaired activities of daily living. The injured worker utilized a home H-Wave unit for evaluation purposes from 01/28/2015 to 02/14/2015. According to the survey taken by H-Wave, the injured worker reported a decrease in the need for oral medication due to the use of the H-Wave device. He was utilizing the H-Wave device 3 times per day 7 days per week, 30--45 minutes per session. Diagnosis was lumbar spine strain. Treatment plan included H-Wave device purchase. According to a supplemental report dated 04/13/2015, the provider noted that the H-Wave allowed the injured worker to participate in a physical therapy directed rehabilitation exercise program and that he had experienced significant functional improvements, increased mobility and increased range of motion from the combined treatments. He was able to sleep better and had been able to decrease his medications. On average, there had been a 20 percent decrease in pain levels from 9 on a scale of 1-10 to 7 and lasted up to 4 hours after each treatment. Currently under review is the request for Home H-Wave device purchase.

IMR ISSUES, DECISIONS AND RATIONALES

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

Home H-wave device 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 Therapy Page(s): 117-118.

Decision rationale: The MTUS/Chronic Pain Medical Treatment Guidelines comment on the use of H-Wave Therapy (HWT) as a treatment modality. 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 (i.e., exercise) 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. In this case, there is insufficient documentation to support the continued use of HWT for this patient. Specifically, there is insufficient documentation that the use of HWT has resulted in an objective decrease for pain experienced by this patient. Further, there is insufficient evidence that HWT has resulted in an objective decrease in the use of analgesic medications. Finally, there is insufficient evidence that HWT has resulted in functional improvement as measured by physical examination findings or the ability to return to work. Under these conditions, H-Wave Therapy is not considered as a medically necessary treatment.