

Case Number:	CM15-0241476		
Date Assigned:	12/18/2015	Date of Injury:	07/13/2013
Decision Date:	01/27/2016	UR Denial Date:	11/17/2015
Priority:	Standard	Application Received:	12/10/2015

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: New York, West Virginia, Pennsylvania
 Certification(s)/Specialty: Emergency 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 was a 46 year old male who sustained an industrial injury on July 13, 2013. The injured worker was undergoing treatment for status post left shoulder arthroscopic surgery on September 8, 2015, carpal tunnel syndrome, pain in the joint of the shoulder, pain in the lower leg and spondylosis lumbosacral. According to progress note of November 10, 2015, the injured worker's chief complaint was using the H-wave at home under a trial basis 2 times daily for 30-45 minutes. The injured worker reported the ability to perform activities and greater overall function, due to the H-wave device. The injured worker previously received the following treatments TENS (transcutaneous electrical nerve stimulation) unit, 7 sessions of physical therapy post left shoulder surgery, Ibuprofen, Norco, Neurontin, Prozac and home exercise program. In the RFA (request for authorization) dated November 10, 2015, the following treatments were requested a home H-wave device purchase to be used 30-60 minutes. The UR (utilization review board) denied certification on November 17, 2015 for a home H-wave device purchase to be used 30-60 minutes.

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 to be used 30-60 minutes): 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): Electrical stimulators (E-stim).

Decision rationale: Guidelines note that an H-wave device 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 functional restoration program and only following failure of conservative care. In this case, there was no documentation of a trial and failure of TENS or evidence of improvement in function with the use of the H wave trial. The request for purchase of a home H-wave device is not medically necessary and appropriate.