

Case Number:	CM13-0032638		
Date Assigned:	12/11/2013	Date of Injury:	12/16/2011
Decision Date:	02/06/2014	UR Denial Date:	09/11/2013
Priority:	Standard	Application Received:	10/08/2013

HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to a physician reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The physician reviewer is Board Certified in Physical Medicine and Rehabilitation, has a subspecialty in Neuromuscular Medicine and is licensed to practice in Maryland. 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 physician 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/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

Patient with [REDACTED] and date of injury 12/16/11. The patient was diagnosed with cervical spine disc bulges; lumbar spine strain; thoracic strain; and right shoulder internal derangement. The issue presented is whether a Home H-Wave Device Right Shoulder, Cervical, Thoracic, Lumbar is medically necessary for purchase. Per report dated 7/19/13 by [REDACTED], the patient had decreased medication use, increased daily activities, walked farther, did more housework, sits longer, slept better, and stands longer. The patient had 7.5/10 rate of pain before the use of H-wave and had improved by 95 percent after 3 treatments per day. The patient felt wonderful after using H-wave machine. Per the report dated 7/19/13 by [REDACTED], the patient used H-wave for the neck, back, and shoulder which helped the patient more; also had unspecified number of physical therapy visits. Reason given for request: Per Report dated 8/27/13 by [REDACTED], the patient was recommended to purchase the H-wave home care system to reduce and/or eliminate pain, to improve functional capacity and activities of daily living, to reduce or prevent the need for oral medications, to improve circulation and decrease congestion in the injured region, to decrease or prevent muscle spasms and muscle atrophy, and to provide a self management tool to the patient. Per documentation the patient has had a 21 day trial (3/25/13-4/15/13) of the H wave (not a full month). There is documentation that the patient completed on 4/10/13 where he documents that after using the H wave he has not eliminated or decreased the use of medications taken. Additionally, when asked on this document "Were you instructed thoroughly on the use of the H-wave by an EWL representative and do you feel comfortable using the equipment?" the patient's response was "no." On 6/20/13 there was a request for OT to the shoulder 2 x per week x 6 weeks. It is unclear exactly how much PT patient has had. Attachment 3 of PR-2 fo

IMR ISSUES, DECISIONS AND RATIONALES

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

Home H-Wave Device, Right Shoulder, Cervical, Thoracic, Lumbar Purchase: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines 9792.24.2, H-wave stimulation (HWT) Page(s): 117-118.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines 9792.20 - 9792.26 Page(s): 118; 7.

Decision rationale: Home H-Wave Device Right Shoulder, Cervical, Thoracic, Lumbar - Purchase is not medically necessary per MTUS guidelines. Patient has not had the full one month trial. There is no documentation of significant functional improvement in the 3 week trial. There has been no decrease in medication as documented by patient on the documentation filled out by the patient on 4/10/13. On this same documentation completed by the patient he stated he was not instructed thoroughly on the use of the H-wave by the representative and was not comfortable using the equipment. Per guidelines, "The H wave 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)." There is no evidence of documentation submitted that there is an ongoing evidence based program of functional restoration with a goal oriented treatment approach to patient's pain or condition.