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| Case Number: | CM14-0127005 | | |
| Date Assigned: | 08/13/2014 | Date of Injury: | 02/05/2013 |
| Decision Date: | 10/17/2014 | UR Denial Date: | 08/01/2014 |
| Priority: | Standard | Application Received: | 08/11/2014 |

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. The expert reviewer is Board Certified in Family Medicine and is licensed to practice in New Jersey. 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/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:

The worker is a 43 year old female who was injured on 2/5/2013. She was diagnosed with carpal tunnel syndrome, lumbar disc syndrome with radiculopathy, shoulder sprain/strain, internal derangement of the knee, and displacement of cervical intervertebral disc. The worker was treated with physical therapy, muscle relaxants, topical analgesics, NSAIDs, and trigger point injections. She also trialed TENS, which did not help her with her pain, reportedly. Starting on 5/6/2014, she was also treated with a 30 day trial of an H-wave unit. Later, on 7/7/14, she reported to her primary treating physician a 5% improvement (reduced pain, reduced medication taken, better sleep, more family interaction) with the H-wave used on her shoulder, knees, back and neck. She was recommended to continue using the H-wave device at home.

IMR ISSUES, DECISIONS AND RATIONALES

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

Home H-wave Device: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Transcutaneous electrotherapy, H-wave stimulation Page(s): 117-118.

Decision rationale: The Chronic Pain Medical Treatment Guidelines in the MTUS state that H-wave devices are not recommended as an isolated intervention, but a one-month home-based trial of H-Wave stimulation for up to one month may be considered as a non-invasive 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 including exercise, medications, plus transcutaneous electrical nerve stimulation (TENS). When using the H-wave stimulation device for this one month trial, MTUS states that it may be warranted to combine physical therapy during this period in order to help assess for any functional improvement. To justify continued use of the device, the provider needs to document improvements in function related to the devices use. In the case of this worker, she reportedly failed to respond to TENS unit use in the past. Although slight, the worker seemed to respond functionally (5% improvement) to the H-wave use during the trial period. The request for future use of the H-wave device did not seem to go along with any documented specific physical therapy plan moving ahead (home exercises would have sufficed), although physical therapy was completed during part of the trial period with the H-wave device. Without documented evidence of a functional restoration plan to go along with continued H-wave device use, the H-wave is not medically necessary. As future reports show this requirement is being fulfilled and followed up on, approval of the H-wave may be reconsidered. The request is not medically necessary.