

Case Number:	CM14-0140672		
Date Assigned:	09/10/2014	Date of Injury:	07/19/2010
Decision Date:	10/14/2014	UR Denial Date:	08/07/2014
Priority:	Standard	Application Received:	08/29/2014

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 Internal Medicine, has a subspecialty in Pulmonary Diseases and is licensed to practice in California. 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 injured worker is a 38-year-old male who reported an injury on 07/19/2010, the mechanism of injury is not provided. On 04/28/2014 the injured worker presented with pain and exhibited impaired activities of daily living. Diagnoses were thoracic or lumbosacral neuritis or radiculitis unspecified. Prior therapy included the use of a TENS unit and an H wave device. The injured worker stated, "my range of motion is better with the H wave device and I do like it better than the TENS unit". Physical examination was not provided at this time. The provider recommended a home H wave device purchase, the provider's rationale was not provided. The Request for Authorization form was not included in the medical documents for review.

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.

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

Decision rationale: The request for Home H-wave device, purchase is not medically necessary. The California MTUS does not recommend H wave as an isolated intervention. It may be

considered as a noninvasive conservative option for diabetic neuropathic 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 and medications, plus transcutaneous electrical nerve stimulation (TENS). The medical documentation does not include a physical examination to address numbness or weaknesses to suggest neuropathic pain. Furthermore, the efficacy of the prior use of the home H wave device therapy treatments was not provided. The provider's request does not indicate the site at which the home H wave device was indicated for in the request as submitted. As such, medical necessity has not been established.