

Case Number:	CM14-0147030		
Date Assigned:	09/15/2014	Date of Injury:	08/07/2011
Decision Date:	10/16/2014	UR Denial Date:	08/20/2014
Priority:	Standard	Application Received:	09/10/2014

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 Physical Medicine and Rehabilitation 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 patient is a 50-year-old female who has submitted a claim for Cervical Facet Syndrome, Cervical Disc Disorder, and Shoulder Pain, s/p Left Subacromial Decompression, associated with an industrial injury date of July 7, 2011. Medical records from July 2014 to August 2014 were reviewed and showed pain, impaired range of motion, and impaired activities of daily living. Progress notes dated August 8, 2014 cited that with H-wave, patient reported decreased amounts of medications taken, with noted 50% improvement in function described as: can walk farther, lift more, do more housework, sit and stand longer, and sleep better. Physical examination findings were not included in the medical records provided. A letter of appeal dated August 27, 2014 cited that H wave unit for home use was prescribed to reduce and/ or eliminate inflammation and accelerate healing, thus assisting in increased functional capacity since prior TENS was not found to be beneficial for the patient. Treatment to date has included medications, physical therapy, TENS from January 2013 to July 2014, and a trial of homecare H wave, 30 to 45 minutes twice daily from July 2014 to August 2014. Utilization review from August 20, 2014 denied the request for H-wave unit purchase since there was no mention within the medical records that patient has failed a TENS unit and records provided did not specify a response to previous conservative treatment. Likewise, there was no submission for the use of an H-wave unit for 1 month on a home based trial.

IMR ISSUES, DECISIONS AND RATIONALES

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

H-wave unit purchase: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines H-wave stimulation (HWT).

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

Decision rationale: According to pages 117-118 of CA MTUS Chronic Pain Treatment Guidelines H-Wave stimulation 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. It should be 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 that H-Wave is more effective as an initial treatment when compared to TENS for analgesic effects. One-month HWT trial may be appropriate when the above criteria are met. In this case, patient had a trial of H-wave stimulation starting July 23, 2014. After the trial of H-wave, patient reported 50% improvement in functional capacity described as can walk farther, lift more, do more housework, stand and sit longer, and sleep better. Furthermore, an appeal letter, dated August 27, 2014, cited that H wave unit was prescribed to reduce and/or eliminate inflammation and to accelerate healing. However, the medical records provided did not show objective evidence that patient has failed a TENS unit and physical therapy. The guideline clearly states that H-wave device is only an option after failure of aforementioned conservative measures. Guideline criteria are not met. Moreover, body part to be treated is not specified. Therefore, the request for H-Wave unit for purchase is not medically necessary.