

Case Number:	CM14-0061159		
Date Assigned:	07/09/2014	Date of Injury:	11/09/2011
Decision Date:	05/13/2015	UR Denial Date:	04/14/2014
Priority:	Standard	Application Received:	05/01/2014

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. 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: California
 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 is a male, who sustained an industrial injury on 11/9/2011. The mechanism of injury is not indicated. The injured worker was diagnosed as having cervical spine disc bulges, thoracic spine strain, lumbar spine disc bulge, right elbow strain, left elbow strain, and status post left knee surgery, and left ankle/foot strain. Treatment to date has included medications, knee surgery, and synvisc injection. The request is for an H-wave unit. On 3/17/2014, he was seen in follow up bilateral knee pain. He was reported to be doing well after synvisc injection and bilateral knee surgeries. On 4/1/2015, he complained of pain in the neck, upper back, lower back, right elbow, left elbow, left knee, left ankle, and head. The treatment plan included request for H-wave unit, gym membership, and shockwave therapy.

IMR ISSUES, DECISIONS AND RATIONALES

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

H-Wave Unit: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines H-Wave Stimulation (HWT). Decision based on Non-MTUS Citation BlueCross BlueShield, 2007, Aetna, 2005.

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

Decision rationale: As per MTUS Chronic pain guidelines H-Wave stimulation (HWT) is not recommended as an isolated therapy. It may be recommended in cases of diabetic neuropathy and chronic soft tissue inflammation with a successful 1-month trial if used as part of evidence based functional restoration program. Several criteria need to be met before HWT may be recommended. 1) Failure of conservative therapy. Fails criteria. 2) Failure of TENS therapy. Fails criteria. 3) Needs to be used as part of a functional restoration program, should not be used as an isolated treatment. Fails criteria. There is no documentation of an actual functional restoration program or what the end goal of HWT is suppose to be. 4) Successful trial of HWT for 1month: Fails criteria. Patient does not meet single criteria. H-Wave is not medically necessary.