

Case Number:	CM15-0013662		
Date Assigned:	02/02/2015	Date of Injury:	03/26/2004
Decision Date:	03/30/2015	UR Denial Date:	01/19/2015
Priority:	Standard	Application Received:	01/23/2015

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, Arizona

Certification(s)/Specialty: Physical Medicine & Rehabilitation

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 50-year-old female with a reported date of injury on 03/26/2004. The mechanism of injury is not provided. The injured worker's diagnoses include neuralgia, neuritis, and radiculitis. The treatment options completed thus far were shown to include a TENS unit, physical therapy, medications, and 7 knee surgeries. The clinical note dated 01/12/2015, noted the injured worker had utilized the home based H wave device from 12/02/2014 through 12/23/2014. A survey was taken by the injured worker on the use of the device, and it was found that the use of the H wave device provided the injured worker a 50% reduction in pain, and was shown to have provided the injured worker increased function. Under the treatment plan it was noted that the physician was recommending purchase of an H wave device to reduce and eliminate pain, to reduce and prevent the need for oral medication, to decrease and prevent muscle spasm and muscle atrophy, to improve functional capacity and activities of daily living, to improve circulation, and to provide a self management tool to the injured worker.

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 H-wave stimulation (HWT).

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

Decision rationale: The California MTUS Treatment Guidelines state that H wave stimulation is not currently recommended as an isolated intervention. However, it may be recommended for a 1 month trial for treatment of neuropathic pain or chronic soft tissue inflammation as an adjunct to a program of evidence based restoration, only following failure of initially recommended conservative care, including recommended physical therapy, medication, and transcutaneous electrical nerve stimulation. Although there is documentation that the H wave device provided the injured worker a 50% reduction in pain, there was a lack of evidence that the use of this device resulted in an objective measurable increased in level of function and it was noted that the H wave device did not allow for a decrease in medication use. Additionally, there was a lack of evidence within the documentation that this device is being used in conjunction with a functional restoration program. Furthermore, the use of an H wave device is not currently recommended as a long term isolated intervention. Moreover, this request does not differentiate between purchase and rental. Therefore, the request for a home H wave device is considered not medically necessary.