

Case Number:	CM15-0014580		
Date Assigned:	02/03/2015	Date of Injury:	10/03/2013
Decision Date:	03/23/2015	UR Denial Date:	01/06/2015
Priority:	Standard	Application Received:	01/26/2015

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, Indiana, New York
Certification(s)/Specialty: Internal 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 38 year old female with an industrial injury dated October 3, 2013. The injured worker diagnoses include right shoulder internal derangement and right wrist carpal tunnel syndrome. She has been treated with diagnostic studies, prescribed medications, H-wave unit, consultation and periodic follow up visits. In a progress note dated 12/12/2014, her treating physician reports that the injured worker complained of pain and impaired activities of daily living. Documentation noted that the injured worker utilized home H- wave for evaluation purposes from 7/24/2014 to 10/27/2014 with positive results, including increased function. The treating physician prescribed services for Home H-Wave Device. UR determination on January 6, 2015 denied the request for Home H-Wave Device, citing MTUS Guidelines.

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: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Pain section, H wave device

Decision rationale: Pursuant to the Official Disability Guidelines, Home H wave device is not medically necessary. H wave stimulation (HWT) is not recommended as an isolated intervention for chronic pain. There is insufficient evidence to recommend the use of H wave stimulation for treatment of chronic pain as no high-quality studies on this topic were identified. If it is used, HWT is not recommended as an isolated intervention. H wave stimulation is a form of electrical stimulation that differs from other forms of electrical stimulation such as TENS, in terms of its waveform. Patient selection criteria should be documented by the medical care provider for HWT to be determined to be medically necessary. HWT may be considered on a trial basis if other noninvasive, conservative modalities for chronic pain treatment have failed. A one-month home-based trial may be considered following a face-to-face clinical evaluation and physical examination performed by the recommending physician who should also document the following: the reason the physician believes HWT may lead to functional improvement or reduction in pain; the use of TENS for at least a month has not resulted and functional improvement or reduction in pain; physical therapy, home exercise and medication has not resulted in a reduction in pain; etc. in this case, the injured worker's working diagnoses are unspecified derangement of joint shoulder region; and carpal tunnel syndrome. The medical record contains 18 pages. A progress note dated December 12, 2014 indicates the injured worker had a trial of Home H wave therapy. The patient reported a decrease in need of oral medications. The patient reported an increased ability to perform more activity and greater overall function. The patient reported she is able to perform "more housework". The injured worker uses the unit one time per day, seven days a week, 30-45 minutes per session. There is no objective clinical information provided by the treating physician. The information in the progress note is purely subjective. Additionally, the Patient Selection Criteria for HWT should include the physician's reason why he or she believes HWT may lead to functional improvement and/or reduction in pain. It does not. Although the injured worker received physical therapy in the past, there is no indication the injured worker is receiving active physical therapy, a home exercise program and whether or not these modalities have resulted in functional improvement or reduction in pain. Stated differently, there is no documentation indicating conservative modalities for the treatment of chronic pain have failed. There is insufficient evidence to recommend the use of H wave stimulation for treatment of chronic pain as no high-quality studies on this topic were identified. Consequently, home H wave device is not medically necessary.