

Case Number:	CM15-0017072		
Date Assigned:	02/05/2015	Date of Injury:	05/03/2011
Decision Date:	03/30/2015	UR Denial Date:	01/14/2015
Priority:	Standard	Application Received:	01/29/2015

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

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 26 year old male, who sustained an industrial injury on May 3, 2011. He has reported neck, back, and bilateral hand injury. The diagnoses have included phlebitis and thrombophlebitis. Treatment to date has included medications, transcutaneous electrical nerve stimulation, and physical therapy. Currently, the IW complains of increase in neck, thoracic back, and bilateral hand pain. The records indicate he had a one month trial of an h-wave device, and felt that it was beneficial. He reports a pain reduction of 50 percent with the use of the h-wave. On January 14, 2015 Utilization Review non-certified home h-wave device, based on MTUS, Chronic Pain Medical Treatment guidelines. On January 26, 2015, the injured worker submitted an application for IMR for review of home h-wave device.

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 Page(s): 117.

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

Decision rationale: This patient presents with neck, thoracic spine, and bilateral hand pain. The treater is requesting HOME H-WAVE DEVICE. The RFA dated 12/29/2014 shows a request for home H-wave device. The patient's date of injury is from 05/03/2011, and his current work status is permanent and stationary. The MTUS Guidelines pages 117 to 118 support a 1-month home-based trial of H-wave treatments as a noninvasive conservative option for diabetic neuropathy or chronic soft tissue inflammation, if used as an adjunct to a program of evidence-based functional restoration and only following failure of initial recommended conservative care including recommended physical therapy, medications, TENS. The 12/09/2014 report notes that the patient's use of the H-wave machine provides him "temporary relief of his thoracic and low back pain. Over the past few weeks, he had been noting increased neck pain and radiating arm pain, and numbness and tingling in his 3rd and 4th digits without progressive weakness." The 01/06/2015 report notes, "Twenty percent increase in his neck pain, thoracic pain, and bilateral hand pain. The H-wave has been effective in reducing his pain before and after exercise by 50%." None of the reports discuss decreased pain levels including improved function and decreased medication usage while utilizing the H-wave device. Given the lack of functional improvement while utilizing the H-wave unit, the request IS NOT medically necessary.