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| Case Number: | CM15-0117022 | | |
| Date Assigned: | 06/25/2015 | Date of Injury: | 08/06/2008 |
| Decision Date: | 07/24/2015 | UR Denial Date: | 06/05/2015 |
| Priority: | Standard | Application Received: | 06/17/2015 |

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 45 year old female, who sustained an industrial injury on 8/6/08. The injured worker was diagnosed as having chondromalacia of the right patella, osteoarthritis of the right knee, chronic sprain of the right knee, partial ACL tear, chronic pain syndrome, low back pain, left shoulder pain, left shoulder osteoarthritis, and depression. Treatment to date has included a Cortisone injection for the left shoulder, use of an H-wave device, TENS, heat/ice application, a home exercise program, the use of a knee brace, and medication including Percocet and Oxycontin. The treating physician noted the injured worker was getting pain relief and was sleeping better with the use of an H-wave device. On 5/13/15, pain was rated as 8-10/10 without medication and 6/10 with medication. Currently, the injured worker complains of aching in the right knee, left shoulder and low back. Numbness was noted in the upper extremities. The treating physician requested authorization for a home H-wave device purchase.

IMR ISSUES, DECISIONS AND RATIONALES

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

Home H-Wave device purchase: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines H-Wave Stimulator Page(s): 117-118. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain section, H-Wave Stimulator.

Decision rationale: Pursuant to the Official Disability Guidelines, H wave device purchase is not medically necessary. H wave stimulation (HWT) is not recommended as an isolated intervention for chronic pain but one month trial, home-based, may be considered as a noninvasive conservative option. There is insufficient evidence to recommend the use of H stimulation for the treatment of chronic pain as no high quality studies were identified. The following Patient Selection Criteria should be documented by the medical care provider for HWT to be determined medically necessary. These criteria include other noninvasive, conservative modalities for chronic pain treatment have failed, a one-month home-based trial following a face-to-face clinical evaluation and physical examination performed by the recommending physician, the reason the treating physician believes HWT may lead to functional improvement or reduction in pain, PT, home exercise and medications have not resulted in functional improvement or reduction of pain; use of tens for at least a month has not resulted and functional improvement or reduction of pain. A one month trial will permit the treating physician and physical therapy provider to evaluate any effects and benefits. In this case, the injured worker's working diagnoses are chondromalacia of patella; osteoarthritis right knee; chronic sprained right knee; ACL tear, partial; chronic pain syndrome; depression; low back pain; left shoulder pain and osteoarthritis left shoulder. According to a March 17, 2015 progress note, subjectively the injured worker complains of right knee, left shoulder and low back pain. The injured worker uses a TENS unit that provides relief only when the unit is on and in place. Pain returns immediately upon stopping the TENS. There was a recommendation for a 30 day H wave device trial. However, there was no subsequent documentation of an authorization for 30 day trial. There is no documentation of objective functional improvement during the 30 day trial. According to a May 13, 2015 progress note, the injured worker was using the H wave device with pain relief during its use. The documentation does not specify whether symptoms returned when the device is turned off. Consequently, absent clinical documentation of an H wave device 30 day trial and objective functional improvement associated with the trial, H wave device purchase is not medically necessary.