

Case Number:	CM15-0118602		
Date Assigned:	06/26/2015	Date of Injury:	08/21/2007
Decision Date:	07/28/2015	UR Denial Date:	05/29/2015
Priority:	Standard	Application Received:	06/19/2015

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 63 year old female who sustained an industrial injury on 08/21/2007. Mechanism of injury was not documented. Diagnoses include knee pain and wrist pain. Treatment to date has included diagnostic studies, Transcutaneous Electrical Nerve Stimulation unit, chiropractic sessions, and physical therapy. A physician progress note dated 05/11/2015 documents the injured worker utilized an H-Wave unit from 02/10/2015 to 05/05/2015. The injured worker has reported a decrease in the need for oral medications due to its use. She reported the ability to perform more activities and had greater overall function. She was able to walk farther, do more housework and interact with family more. Prior to use of the H Wave she rated her pain at an 8 out of 10 and after the use of the H-Wave her pain improved by 20 % after its use. Treatment requested is 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 ACOEM.

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, Home 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 knee pain and wrist pain. There are two preprinted progress notes in the medical record used specifically for H wave device trial and purchasing. According to the documentation contained in these documents, there are subjective improvements in symptoms and the ability to perform ADLs. The injured worker reports a decrease in the need for oral medications due to the use of the H wave device. There are no medications documented in the progress notes preprinted forms. There is no specificity in terms of specific medication and a decrease in the frequency or dosages of specific medications. There was no 30-day trial for the H wave unit. Instead, it was 84 day trial. There is insufficient evidence to recommend the use of H stimulation for the treatment of chronic pain as no high quality studies were identified. As noted above, although there is subjective documentation, there is no objective documentation of the decrease in medications and objective functional improvement. Based on the clinical information in the medical record, the peer-reviewed evidence-based guidelines and objective documentation indicating a decrease in medication use and objective functional improvement, Home H wave device purchase is not medically necessary.