

Case Number:	CM15-0118804		
Date Assigned:	06/29/2015	Date of Injury:	09/19/1983
Decision Date:	08/05/2015	UR Denial Date:	05/28/2015
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: Pennsylvania, Ohio, 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 60-year-old male with an industrial injury dated 09/19/1983 resulting in knee and cervical issues. Diagnosis is Cervicalgia. Prior treatment included cervical surgery, right hand surgery, physical therapy, knee surgery, diagnostics, TENS unit, home exercise program, Synvisc injection, and medications. He presents on 05/11/2015 with complaints of pain and impaired activities of daily living. He had tried a trial of H-Wave from 03/26/2015 to 05/04/2015. The provider documented the following: The patient reported a decrease in the need for oral medication due to the use of the H-Wave device. He had reported the ability to perform more activity and greater overall function due to the use of the H-wave device. He also reported after the use of the H-Wave device he had a 55% reduction in pain. Examples of increased function due to H-Wave were the injured worker could "stand longer, decreased Norco and Naprosyn medication." He was utilizing the home H-Wave 2 times per day, 7 days per week, and 30-45 minutes per session. Treatment plan included purchase of home H-Wave device and system to be used 2 times per day @ 30-60 minutes per treatment as needed. The provider also documents the injured worker has not improved with conservative care and in the above progress note documents treatment goals related to the H-Wave device. Treatment request is for 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: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines.

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

Decision rationale: MTUS recommends H-wave stimulation as part of an overall program of functional restoration. A one-month H-wave trial is recommended as an option for chronic soft tissue inflammation or diabetic neuropathic pain after failure of first-line treatment. A prior physician review noted that with H-wave, the patient still used Norco and no functional improvement was noted; however, the records document a reduction in Norco use with H-wave, which is a notable indication in support of this equipment. The request is therefore medically necessary. A reduction in opioid quantity would be anticipated with future opioid requests.