

Case Number:	CM15-0119041		
Date Assigned:	06/29/2015	Date of Injury:	06/27/2014
Decision Date:	07/28/2015	UR Denial Date:	06/18/2015
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

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 53 year old female with an industrial injury date of 06/27/2014. Her diagnoses included cervicobrachial syndrome, left rotator cuff bursitis syndrome and bicipital tenosynovitis. Prior treatment included physical therapy, medications, acupuncture, home exercise program and TENS unit. She presents on 06/09/2015 after a trial of H Wave from 04/20/2015 to 06/01/2015. The injured worker reported a decrease in the need for oral medication due to the use of the H-Wave device. The provider documents the injured worker has reported the ability to perform more activity and greater overall function due to the use of the H-Wave device. The injured worker states "I can raise my arm higher than before." My doctor took me off of the muscle relaxers since I started with the H-Wave unit. It really helps to relieve my pain after each treatment so I can be more comfortable." The injured worker was utilizing the home H-Wave 2 times per day, 7 days per week, and 45 minutes per session. The provider documents the injured worker had not sufficiently improved with conservative care. The treatment plan was for purchase of Home H-Wave device and system two times per day 30-60 minutes per treatment as needed. The treatment request is for durable medical equipment purchase 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:

DME Purchase Home H-Wave Device: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Transcutaneous Electrotherapy, H-Wave Stimulation, pages 115-118.

Decision rationale: Submitted reports have not provided specific medication name or what decreasing dose has been made as a result of the H-wave unit trial. There is no change in work status or functional improvement demonstrated to support for the purchase of this unit except for note ability from the patient to raise her arm higher; however, no specific change range of motion in degrees was documented by the provider. The MTUS guidelines recommend a one-month HWT rental trial to be appropriate to permit the physician and provider licensed to provide physical therapy to study the effects and benefits, and it should be documented (as an adjunct to ongoing treatment modalities within a functional restoration approach) as to how often the unit was used, as well as outcomes in terms of pain relief and function. The patient has underwent H-wave use without any documented consistent pain relief in terms of decreasing medication dosing and clear specific objective functional improvement in ADLs have not been demonstrated. Per reports from the provider, the patient still exhibited persistent subjective pain complaints and impaired ADLs for this chronic injury. There is no documented indication the patient is participating in a home exercise program for adjunctive exercise towards a functional restoration approach per Guidelines criteria. The patient's symptom complaints, clinical findings, and functional status have remained unchanged. The DME Purchase Home H-Wave Device is not medically necessary and appropriate.