

Case Number:	CM15-0126428		
Date Assigned:	07/13/2015	Date of Injury:	01/10/2004
Decision Date:	08/11/2015	UR Denial Date:	06/09/2015
Priority:	Standard	Application Received:	06/30/2015

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, Massachusetts
 Certification(s)/Specialty: Preventive Medicine, Occupational 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 (IW) is a 44 year old female who sustained an industrial injury on 01/10/2004. The mechanism of injury and initial report of injury are not found in the records reviewed. The injured worker was diagnosed as having left knee pain, early patellofemoral arthrosis; and possible lateral meniscus tear. Treatment to date has included and a 30 day trial of a H-wave unit (04/10/2015-05/21/2015). In the visit of 05/13/2015, the worker has some improvement but still has symptoms in the lateral compartment. Her range of motion is 0 to about 120-125 degrees with some tenderness still along the lateral joint line. She has remaining physical therapy visits. The injured worker complains of pain and exhibits impaired activities of daily living. In notes of 05/26/2015, it is stated a no-cost in home trial was done 04/10/2015 to 5/5/2015. A prescription for H-wave 30 day trial was written on 03/26/2015 by the primary treating physician. In a note of 05/21/2015, it is noted that the client has 50% improvement of pain (from 5/10 reduced to 2/10) lasting up to five hours after each treatment. She uses the unit 2x daily seven days per week for 30-45 minutes. The current plan is to continue physical therapy and use of the H-wave unit. A request for authorization is made for the following: H-Wave unit purchase.

IMR ISSUES, DECISIONS AND RATIONALES

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

H-Wave unit purchase: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines H-Wave Stimulation (HWT) TENS (Transcutaneous electrical nerve stimulation). Decision based on Non-MTUS Citation Official Disability Guidelines.

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

Decision rationale: According to MTUS guidelines, H-wave stimulation is "not recommended as an isolated intervention, but a one-month home-based trial of H-Wave stimulation may be considered as a noninvasive conservative option for diabetic neuropathic pain (Julka, 1998) (Kumar, 1997) (Kumar, 1998), or chronic soft tissue inflammation if used as an adjunct to a program of evidence-based functional restoration, and only following failure of initially recommended conservative care, including recommended physical therapy (i.e., exercise) and medications, plus transcutaneous electrical nerve stimulation (TENS). In a recent retrospective study suggesting effectiveness of the H-wave device, the patient selection criteria included a physician documented diagnosis of chronic soft-tissue injury or neuropathic pain in an upper or lower extremity or the spine that was unresponsive to conventional therapy, including physical therapy, medications, and TENS. (Blum, 2006) (Blum2, 2006)" Additionally according to "Recent studies: A recent low quality meta-analysis concluded that the findings indicate a moderate to strong effect of the H-Wave device in providing pain relief, reducing the requirement for pain medication and increasing functionality, with the most robust effect observed for improved functionality, suggesting that the H-Wave device may facilitate a quicker return to work and other related daily activities." Considering that the injured worker has a diagnosis of soft tissue injury to the left knee and has failed conservative therapy including physical therapy and medications, an initial H-Wave trial was appropriate. Considering that the trial indicated improvement of pain and ability to perform ADLs and is not being used as an isolated treatment modality, purchase of a unit is medically appropriate.