MAXIMUS Federal Services

Case Number:	CM15-0176091		
Date Assigned:	09/17/2015	Date of Injury:	12/21/2012
Decision Date:	10/19/2015	UR Denial Date:	08/18/2015
Priority:	Standard	Application Received:	09/08/2015

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: North Carolina
Certification(s)/Specialty: Family Practice

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 46-year-old female who sustained an industrial injury on 12-21-12. A review of the medical records indicates the injured worker is undergoing treatment for bilateral shoulder impingement, bilateral upper extremity repetitive overuse-strain, cervical and lumbar strain, and bilateral knee patella femoral pain and iliotibial band tendonitis. Medical records (08/11/15) indicate the injured worker "relaxes very much" after using the H wave, and has experienced a 60% reduction in pain after treatment. The physical exam (07-21-15) reveals right shoulder, right elbow, and bilateral knee tenderness. Right shoulder surgery is planned. Treatment has included medications, physical therapy, TENS, Chiropractic treatments, injections, electrical stimulation, and a home exercise program. The original utilization review (08-18-15) non-certified the request for a purchase of a home H wave unit.

IMR ISSUES, DECISIONS AND RATIONALES

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

Home H-wave device for purchase for the right shoulder: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Transcutaneous electrotherapy.

Decision rationale: 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) There is no evidence that H-Wave is more effective as an initial treatment when compared to TENS for analgesic effects. A randomized controlled trial comparing analgesic effects of H wave therapy and TENS on pain threshold found that there were no differences between the different modalities or HWT frequencies. (McDowell2, 1999) [Note: This may be a different device than the H-Wave approved for use in the US.] The clinical documentation for review does not include a one-month trial of H wave therapy with objective significant improvements in function. The device does reduce pain by 60%. Therefore, all criteria for a home unit purchase have not been met and the request is not medically necessary.