

Case Number:	CM15-0024439		
Date Assigned:	02/13/2015	Date of Injury:	02/28/2014
Decision Date:	04/01/2015	UR Denial Date:	01/22/2015
Priority:	Standard	Application Received:	02/09/2015

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, Pain Management

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 February 28, 2014. The diagnoses have included meniscus tear and osteoarthritis. A progress note dated January 10, 2015 provided the injured worker reports decrease on oral medication use and can walk further, stand longer and sleeps better since the trial use of home H-wave unit. She has used Transcutaneous Electrical Nerve Stimulation (TENS) unit, physical therapy and medications in the past. On January 22, 2015 utilization review non-certified a request for home H-wave device for purchase. The Medical Treatment Utilization Schedule (MTUS) guidelines were utilized in the determination. Application for independent medical review (IMR) is dated February 5, 2015.

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: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines H-wave stimulation (HWT).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines H-Wave Stimulation Page(s): 114, 117-118.

Decision rationale: Regarding the request for H-wave stimulation, the CA MTUS specify that this is a non-invasive 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. Guidelines go on to state that 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, 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 and medications plus transcutaneous electrical nerve stimulation. Within the submitted documentation, the documentation indicates that the patient has failed treatment with pain medications, steroid injection to the knee, and physical therapy. The submitted documentation also notes pain reduction, medication reduction, and functional improvement from use of H-wave stimulation. There is evidence of failed TENS trial according to the notes in September and October 2014. It is noted that the duration and frequency of this trial are not documented, and the report only specifies that H wave gives the patient more lasting benefit. In order for a valid comparison to be made, documentation of the TENS trial should include information such as frequency of use, duration of use with each session, and documentation of NRS before and after TENS. Therefore, this request is not medically necessary.