

Case Number:	CM15-0066090		
Date Assigned:	04/14/2015	Date of Injury:	04/02/2014
Decision Date:	06/11/2015	UR Denial Date:	03/30/2015
Priority:	Standard	Application Received:	04/08/2015

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: 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 year old male, who sustained an industrial injury on April 2, 2014. He was diagnosed with a head and face contusion and back contusion. Treatment included medications, physical therapy and a transcutaneous electrical stimulation unit. Currently, the injured worker complained of persistent upper back, neck and arm pain. The treatment plan that was requested for authorization included purchase of H-Wave.

IMR ISSUES, DECISIONS AND RATIONALES

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

Purchase of H-Wave Quantity: 1: Upheld

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

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

Decision rationale: Based on the 03/19/15, vendor generated primary treating physician narrative report, the patient presents with contusion to upper back. The request is for Purchase of H-Wave Quantity: 1. RFA dated 03/19/15 was provided. Treatment included medications,

physical therapy and a TENS unit. Work status not available. Per MTUS Guidelines page 117, H-wave is not recommended as an isolated intervention, but a 1-month home-based trial of H-wave stimulation may be considered as a non-invasive 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 and only following failure of initially recommended conservative care, including recommended physical therapy (i.e., exercise) and medications, plus transcutaneous electrical nerve stimulation (TENS). MTUS further states trial periods of more than 1 month should be justified by documentations submitted for review. Per 11/13/14 progress report, treater states "I recommend a two-month use; if patient responds with improved function I will prescribe additional usage... injured worker consistently responded to use of H-wave Unit in rehabilitation department with decreased pain and improved ability to perform home exercises as instructed." Per vendor generated narrative report with treater's signature dated 03/19/15, "the patient has reported the ability to perform more activity and greater overall function due to use of H-Wave device." Patient reports ability "to sleep better," and "I feel the H-wave has helped me." "The patient is utilizing the home H-wave 2 times per day, 7 days per week, 45+ minutes per session. Other treatments used prior to home H-Wave; TENS Unit, Physical Therapy, Medications." It appears H-Wave unit was dispensed at no cost, prior to authorization. Furthermore, there is lack of documentation in treatment reports by the provider showing objective pain reduction, or reduction in medication use. There are no physical examination findings discussed in provided medical records, either. This request is not in accordance with guideline indications. Therefore, the request is not medically necessary.