

Case Number:	CM15-0069927		
Date Assigned:	04/17/2015	Date of Injury:	01/24/2001
Decision Date:	05/18/2015	UR Denial Date:	03/20/2015
Priority:	Standard	Application Received:	04/13/2015

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, Indiana, New York
Certification(s)/Specialty: Internal 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 is a 62 year old female, who sustained an industrial injury on 1/24/2001. She reported right upper extremity symptoms due to constant stirring and lifting. Diagnoses have included cervical spine disc bulge and left shoulder internal derangement. Treatment to date has included surgery, transcutaneous electrical nerve stimulation (TENS), physical therapy, chiropractic treatment and medication. Per the progress report dated 2/26/2015, the injured worker complained of increased pain in back and left shoulder. According to the progress report dated 3/4/2015, the injured worker utilized a home H-wave unit for evaluation purposes. The injured worker reported the ability to perform more activity and greater overall function due to the use of the H-wave device. Authorization was requested for home H-wave device for purchase.

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/Indefinite Use E1398: 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 Stimulation Page(s): 117-118. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain Section, H-Wave Stimulation.

Decision rationale: Pursuant to the Official Disability Guidelines, home H wave purchase/indefinite use (E1398) is not medically necessary. H wave stimulation (HWT) is not recommended as an isolated intervention for chronic pain but one month trial, home-based, may be considered as a noninvasive conservative option. There is insufficient evidence to recommend the use of H wave stimulation for the treatment of chronic pain as no high quality studies were identified. The following Patient Selection Criteria should be documented by the medical care provider for HWT to be determined medically necessary. These criteria include other noninvasive, conservative modalities for chronic pain treatment have failed, a one-month home-based trial following a face-to-face clinical evaluation and physical examination performed by the recommending physician, the reason the treating physician believes HWT may lead to functional improvement or reduction in pain; PT, home exercise and medications have not resulted in functional improvement or reduction of pain; use of TENS for at least a month has not resulted and functional improvement or reduction of pain. A one-month trial will permit the treating physician and physical therapy provider to evaluate any effects and benefits. In this case, the injured worker's working diagnoses are cervical spine disc bulge; status post lumbar spinal fusion surgery; status post right shoulder surgery; left shoulder internal derangement; status post right carpal tunnel surgery; and left tunnel syndrome. The documentation indicates the injured worker failed physical therapy, TENS use with persistent symptoms. The documentation does not indicate the areas treated, the total number of physical therapy sessions and frequency. Additionally, there is no documentation indicating objective functional improvement or non-improvement or physical therapy progress notes. The injured worker used a TENS unit for two years that did not help. Currently, the injured worker is not receiving physical therapy or other conservative measures. The injured worker received a one-month trial H wave stimulation. A progress note dated April 8, 2015 showed the H wave trial helped manage pain and increase mobility and functionality. There was no documentation stating the reason the treating physician believes HWT may lead to functional improvement or reduction in pain. There was no objective documentation in the record. H wave stimulation (HWT) is not recommended as an isolated intervention for chronic pain. There is insufficient evidence to recommend the use of H wave stimulation for the treatment of chronic pain as no high quality studies were identified. Consequently, absent guideline recommendations indicating H wave stimulation is not recommended as an isolated intervention with insufficient evidence to recommend the use of H wave stimulation for the treatment of chronic pain, home H wave purchase/indefinite use (E1398) is not medically necessary.