

Case Number:	CM15-0074336		
Date Assigned:	04/24/2015	Date of Injury:	05/29/2013
Decision Date:	05/27/2015	UR Denial Date:	04/07/2015
Priority:	Standard	Application Received:	04/20/2015

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 37 year old male, who sustained an industrial injury on 5/29/2013. Diagnoses have included cervicalgia, myofascial pain syndrome and pain in joint involving the shoulder region. Treatment to date has included physical therapy, chiropractic treatment, medications and a transcutaneous electrical nerve stimulation (TENS) unit. Per the pain management re-evaluation dated 2/11/2015, the injured worker complained of pain in his head, left shoulder, left arm, neck, left hip, knee and back. He had been using the H-wave device twice a day and noted that it helped his neck and shoulder pain. Physical exam revealed tenderness to palpation of the neck, back and left shoulder areas. According to the progress report dated 3/24/2015, the injured worker reported a decrease in the need for oral medication due to the use of the H-wave device. He reported the ability to perform more activity and greater overall function. Authorization was requested for purchase of a home H-wave device.

IMR ISSUES, DECISIONS AND RATIONALES

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

Purchase of home H-wave device: Overturned

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

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

Decision rationale: Regarding the request for H-wave stimulation, the CA MTUS specify that this is 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. It is recommended only following failure of initially recommended conservative care, including recommended physical therapy (i.e., exercise) and medications, plus transcutaneous electrical nerve stimulation (TENS). In this worker, there is evidence of failed TENS trial. The documentation indicates that the patient has had treatment with pain medications and physical therapy. The submitted documentation note pain and spasm reduction, medication reduction, and functional improvement in terms of ADLs from H-wave stimulation trial. Thus, it is medically necessary.