

Case Number:	CM15-0090678		
Date Assigned:	05/15/2015	Date of Injury:	12/05/1990
Decision Date:	06/16/2015	UR Denial Date:	04/23/2015
Priority:	Standard	Application Received:	05/11/2015

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 60 year old female, who sustained an industrial injury on 12/5/90. She reported initial complaints of elbow and wrist. The injured worker was diagnosed as having pain in joint of forearm; pain in joint of upper arm. Treatment to date has included chiropractic therapy; TENS unit; medications. Currently, the PR-2 notes dated 4/8/15 indicated the injured worker complains of pain. Objective findings on this note state she has utilized the home H-Wave at no cost for evaluation purposes from 2/2/15 to 2/22/15. The provider documents the survey findings as she reported the ability to perform more activity with greater overall function such as typing. She used the unit twice daily for 7 days a week for 30-40 minutes per session. Other treatments prior to the H-Wave were TENS unit, physical therapy, medications, electric stimulation, chiropractic therapy and cortisone shots. The provider sends his published literature regarding the H-Wave. He is requesting the purchase/indefinite use of Home H-wave device for elbow and wrist pain, as an outpatient.

IMR ISSUES, DECISIONS AND RATIONALES

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

1 purchase/indefinite use of Home H-wave device for elbow and wrist pain, as an outpatient: Overturned

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Blue Cross of California Medical Policy Durable Medical Equipment CG-DME-10, Home H-wave device.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines H-wave therapy Page(s): 114-119.

Decision rationale: The California chronic pain medical treatment guidelines section on H-wave stimulation therapy states: H-wave stimulation (HWT) 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 include a one month trial of H wave therapy with objective measurable improvements. Therefore, criteria for a home unit purchase have been met and the request is certified and medically necessary.